2007 LIMITED PARTNERSHIP ANNUAL REPORT **Due By May 1, 2007** DOCUMENT # B0400000541 1. Entity Name CORRUGATED SERVICES, LP

FILED Apr 04, 2007 08:00 Al Secretary of State

| | | | CONT. OF | | |
|---|---|------------------|--------------------|-----------------------------------|--------------------------------------|
| Principal Place of Business Mailing Address 855 EAST HIGHWAY 80 P.O. BOX 847 FORNEY, TX 75126 FORNEY, TX 75126 | | P.O. BOX 847 | | - - 1 | 12111 88121 8AN 21021 133241 81 (28) |
| | | , | | | B |
| DO NOT WRITE IN THIS SPACE 6. Name and Address of Current Registered Agent | | | 03232007 No Chg-LP | | |
| | | | CE | 4. FEI Number | Applied For |
| | | | | 52-2249875 | Not Applicable \$8.75 Additional |
| | | | | 5. Certificate of Status Desirea | Fee Required |
| · | 6. Name and Address of Current H | tegistered Agent | <u> </u> | | |
| SIMEON, DOUG 25000 OVERSEAS HIGHWAY | | | DO NOT WRITE | | |
| SUMMERLAND KEY, FL 33042 | | | IN THIS SPACE | | |
| | | | III IIII OI AGE | | |
| P. The above correct earth submits this statement for the purpose of above in the contract of | | | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and bile il applicable. | | | | | |
| FILE NOW!!! FEE IS \$500.00 After May 1, 2007, Fee will be \$900.00 | | | | | |
| A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. | | | | | |
| 12. | GENERAL PARTNER | | i, an amenumer | it must be med to change a genera | ii partner. |
| DOCUMENT / | F04000006455 | | | • | , |
| NAME | CSI GP, INC. | | | | |
| STREET ADDRESS CITY-ST-ZIP | 855 EAST HIGHWAY 80 FORNEY, TX 75126 | | | U00000690 | naner |
| DOCUMENT / | FORNET, 1X 73120 | | | | 2555 074-006 650.00 |
| NAME | | | | OT 11 01 00. | 117 000 000.00 |
| STREET ADDRESS | | | | | |
| CITY+ST-ZIP | | | | | |
| DOCUMENT / | | | | | |
| NAME | | | | DO NOT WOL | - |
| STREET ADDRESS | | | | DO NOT WRIT | |
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| CITY-ST-ZIP | | | | | |
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| NAME | | | | | |
| STREET ADDRESS | | | | | |
| CHY-ST-ZUY | | | | | |
| DOCUMENT # | | | | | |
| NAME | ************************************** | | | | |
| STREET ADDRESS CITY+ST-ZIP | | | | | |
| | 1 | | | | |

14. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

STAPLE CHECK HERE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PAR

214-515-6400

Date