

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **B97000000554**

1. Entity Name
FFC Acquisition, LP DBA Fi-Foil COMPANY

FILED
 SECRETARY OF STATE,
 DIVISION OF CORPORATIONS

00 MAY -1 PM 1:33

Principal Place of Business Mailing Address

2. Principal Place of Business
612 Bridgers Ave W
 Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 800
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Auburndale, FL

City & State
Auburndale, FL

4. FEI Number
06-1497091

Applied For
 Not Applicable

Zip
33823 Country
USA

Zip
33823 Country
USA

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301-2525

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. Capital Contributions as Shown on record. **5,555,000.00**
~~2,500,000.00~~

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
 SEE REVERSE SIDE FOR FEE INFORMATION

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 INFORMATION	
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	F97000005422 Warwick Fi-Foil, Inc 70 Main Street New Canaan, CT 06840
DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDRESS CHANGES ONLY	
STREET ADDRESS CITY-ST-ZIP	700003291767--9 -06/15/00--01088--025 ****535.00 ****535.00
STREET ADDRESS CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: R Paul Sprague R. Paul Sprague General Partner 4/28/00 863-965-1846
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER Date Daytime Phone #

CR2E003 (9/99)