## 2005 LIMITED PARTNERSHIP ANNUAL REPORT

## FILED Due By May 1, 2005 DOCUMENT # B9900000168 05 MAY -5 AM 10: 34 1. Entity Name INTEPLAST GROUP, LTD. SECRETARY OF STATE TALLAHASSEE. FLORIDA Principal Place of Business Mailing Address 9 PEACH TREE HILL ROAD 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039 LIVINGSTON, NJ 07039 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04142005 CR2E003 (10/03) Chg-LP City & State City & State 4. FEI Number Applied For 52-2077224 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FL 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 DATE 9. Capital Contributions 10. Amount of Capital Contributions \$17,544,00 \$0.00 a's Shown on record. in FLORIDA to date. 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. F99000000705 DOCUMENT # STREET ADDRESS AMTOPP COPPORATION STREET ADDRESS 9 PEACH TREE HILL ROAD 000053899290 CITY-ST-ZIP CITY-ST-ZIP LIVINGSTON, NJ 07039 F99000001734 DOCUMENT # STREET ADDRESS INTEGRATED BAGGING SYSTEMS CORPORATION STREET ADDRESS 9 PEACH TREE HILL ROAD CITY-ST-ZIP CITY-ST-ZIP LIVINGSTON, NJ 07039 DOCUMENT # F99000001735 STREET ADDRESS WORLD-PAK CORPORATION NAME STREET ADDRESS 9 PEACH TREE HILL ROAD CITY-ST-ZIP CITY-ST-ZIP LIVINGSTON, NJ 07039 DOCUMENT ( STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

CITY-ST-ZIP

STREET ADDRESS

**SIGNATURE:** 

DOCUMENT A

NAME STREET ADDRESS

12.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

HOMER HSIEH/PRES.

973<u>-992-8000</u>