

**2006 LIMITED PARTNERSHIP ANNUAL REPORT**  
**Due By May 1, 2006**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # B99000000168**

1. Entity Name  
**INTEPLAST GROUP, LTD.**



Principal Place of Business  
**9 PEACH TREE HILL ROAD  
LIVINGSTON, NJ 07039**

Mailing Address  
**9 PEACH TREE HILL ROAD  
LIVINGSTON, NJ 07039**



04182006 No Chg-LP

CR2E003 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number

**52-2077224**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE  
IN THIS SPACE**

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 title if applicable.

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$500.00**  
**After May 1, 2006, 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 INFORMATION

DOCUMENT # **F99000000705**  
NAME **AMTOPP CORPORATION**  
STREET ADDRESS **9 PEACH TREE HILL ROAD**  
CITY-ST-ZIP **LIVINGSTON, NJ 07039**

DOCUMENT # **F99000001734**  
NAME **INTEGRATED BAGGING SYSTEMS CORPORATION**  
STREET ADDRESS **9 PEACH TREE HILL ROAD**  
CITY-ST-ZIP **LIVINGSTON, NJ 07039**

DOCUMENT # **F99000001735**  
NAME **WORLD-PAK CORPORATION**  
STREET ADDRESS **9 PEACH TREE HILL ROAD**  
CITY-ST-ZIP **LIVINGSTON, NJ 07039**

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CITY-ST-ZIP

UD00000557924  
05/17/06-80065-024 500.00

**DO NOT WRITE  
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14. I hereby certify that the information supplied with this filing 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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

**Homer Hsieh**

Date

**4/24/06**

Daytime Phone #

**973-994-8000**

STAPLE CHECK HERE