


2007 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2007

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # B99000000168 1. Entity Name INTEPLAST GROUP, LTD.	
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Principal Place of Business 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039	Mailing Address 9 PEACH TREE HILL ROAD LIVINGSTON, NJ 07039
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DO NOT WRITE IN THIS SPACE



04182007 No Chg-LP CR2E003 (12/06)

4. FEI Number 52-2077224	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if 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 INFORMATION	
DOCUMENT #	F99000000705
NAME	AMTOPP COPPORATION
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
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
DOCUMENT #	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U000000746855
05/17/07-80002-022 500.00

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: 	HOMER HSIEH	4/20/07	973-994-8000
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER</small>		<small>Date</small>	<small>Daytime Phone #</small>

STAPLE CHECK HERE