2003 LIMITED PARTNERSHIP UNIFORM BUSINESS REPORT (UBR)

1. Entity Nam	MENT # B99000		FILED 03 MAY -7 PH 1: 30 SECRETARY OF STATE.					
Principal Place of Business 9 PEACH TREE HILL ROAD 9 PEACH TREE HILL ROAD LIVINGSTON NJ 07039 LIVINGSTON NJ 07039						D	ı	
2. Principal Place of Business 3. Mailing Address								
Suite, Apt. #, etc. Suite, Apt. #, etc.					DUE BY MAY 1, 2003			
City & State City & State					4. FEI Number	52-2077224	Applied For Not Applicable	
Zip	Country	Zip Co		try	5. Certificate of Status Desired \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent				Name	7. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY				Street Address (P.O. Box Number is Not Acceptable)				
1201 HAYS STREET TALLAHASSEE FL 32301-2525				Substitution of the control of the c				
			,	City	City 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. I am familiar with, and accept the obligations of registered agent.								
SIGNATURE ————————————————————————————————————								
9. Capital Co	entributions \$17.544.00	al Contrib	tributions 11. MAKE CHECK PAYABLE TO FL. DEPT. OF STATE SIZE REVERSE SIDE FOR FEE INFORMATION					
as Shown on record. 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				; an amenomeni	ADDRESS CHANGES ONLY			
DOCUMENT #	F9900000705 AMTOPP COPPORATION			ET ADDRESS				
NAME STREET ADDRESS	9 PEACH TREE HILL ROAD		CITY	-ST-ZIP	900018316109 . 05/07/0301010001 **141.25			
CITY-ST-ZIP DOCUMENT #	LIVINGSTON NJ 07039 F99000001734			-31*211	7 001 01 02 02010 001 44111.23			
NAME	INTEGRATED BAGGING SYSTEMS CORPORATION			ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP	9 PEACH TREE HILL ROAD LIVINGSTON NJ 07039		CITY	-ST-ZIP				
DOCUMENT # NAME	F99000001735 WORLD-PAK CORPORATION		STRE	ET ADDRESS	-			
STREET ADDRESS CITY-ST-ZIP	1			-ST-ZIP				
DOCUMENT #			STRE	ET ADORESS		_ -		
STREET ADDRESS CITY-ST-ZIP			CITY	-ST-ZIP	1			
DOCUMENT # NAME		·	STRE	ET ADDRESS].	
STREET ADDRESS CITY-ST-ZIP			CITY-	·ST-ZIP				
DOCUMENT # NAME			STRE	ET ADDRESS				
STREET ADDRESS CITY-ST-ZIP		·	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 the execute this report as required by Chapter 620, Florida Statutes								

SIGNATURE:

STAPLE CHECK HEHE