

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2002 8:00 am
Secretary of State

03-25-2002 90141 041 ***150.00

FILED

DOCUMENT # F00000007268
 1. Entity Name: **SIG PACK SERVICES INC.**

Principal Place of Business: **2401 BRENTWOOD RALEIGH NC 27604**
 Mailing Address: **2401 BRENTWOOD RALEIGH NC 27604**

2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.
 City & State: _____
 Zip: _____ Country: _____



DO NOT WRITE IN THIS SPACE

4. FEI Number: **56-2226233** Applied For: Not Applicable:
 5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 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: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE: <input type="checkbox"/> Delete	C NAME: KALIN, BEAT STREET ADDRESS: CH-8222 CITY-ST-ZIP: BERINGEN, SWITZERLAND
TITLE: <input type="checkbox"/> Delete	D NAME: STUBI, HEINZ STREET ADDRESS: CH-8222 CITY-ST-ZIP: BERINGEN, SWITZERLAND
TITLE: <input type="checkbox"/> Delete	MD NAME: CARR, HAROLD STREET ADDRESS: 2401 BRENTWOOD ROAD CITY-ST-ZIP: RALEIGH NC 27604
TITLE: <input type="checkbox"/> Delete	T NAME: O'DONNELL, TIMOTHY STREET ADDRESS: 2401 BRENTWOOD ROAD CITY-ST-ZIP: RALEIGH NC 27604
TITLE: <input type="checkbox"/> Delete	
TITLE: <input type="checkbox"/> Delete	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Date: **2-19-02** Daytime Phone #: **919-877-0886**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/01)