

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90003 009 \*\*\*150.00

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



44007446

Principal Place of Business  
 2440 SUMNER BLVD.  
 RALEIGH, NC 27616

Mailing Address  
 2440 SUMNER BLVD.  
 RALEIGH, NC 27616



01082004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>56-2226233</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS SPACE**

B. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C KALIN, BEAT <del>CH-8222 LAUFENGASSE 18</del> <del>BERINGEN, SWITZERLAND.</del> (1187) NEUHAUSEN AM RHEINFALL, SWITZERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D STUBI, HEINZ <del>CH-8222 LAUFENGASSE 18</del> <del>BERINGEN, SWITZERLAND.</del> CH 8212 NEUHAUSEN AM RHEINFALL, SWITZERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARR, HAROLD <del>2401 BRENTWOOD ROAD</del> 2440 SUMNER BLVD <del>RALEIGH, NC 27604</del> RALEIGH N.C. 27616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T O'DONNELL, TIMOTHY <del>2401 BRENTWOOD ROAD</del> 2440 SUMNER BLVD <del>RALEIGH, NC 27604</del> RALEIGH N.C. 27616
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAENGGI, ROMAN LAUFENGASSE 18 CH 8212 NEUHAUSEN AM RHEINFALL, SWITZERLAND
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** **1/22/04** **919-877-0886**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #