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Secretary of State
02-24-2005 90041 007 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F01000000040

1. Entity Name
WRAP PACK INC.

40022844

02112005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
200 WEST MADISON STREET, SUITE 2710 CHICAGO, IL 60606	C/O S MICHAEL PECK 6600 SEARS TOWER, 233 S WACKER DR. CHICAGO, IL 60606

2. Principal Place of Business	3. Mailing Address
3715 Chelan Highway	3715 Chelan Highway
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wenatchee, WA	City & State: Wenatchee, WA
Zip: 98801 Country: USA	Zip: 98801 Country: USA

4. FEI Number: 36-4404324 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	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. 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 (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DC GLASTRIS, WILLIAM V JR. 200 WEST MADISON STREET, SUITE 2710 CHICAGO, IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C/D Roderick R. Senft c/o Tricor Pacific Cap., Inc., The Waterfront Centre 200 Burrard St., Vancouver, B.C. V6C 3L6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVST MAURER, ERIK E JR. 200 WEST MADISON STREET, SUITE 2710 CHICAGO, IL 60606	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/D Theodore Smith, c/o Keyes Fibre Corporation 3715 Chelan Highway, Wenatchee, Wa 98801
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DILLER, TIMOTHY 1728 PRESSON PLACE YAKIMA, WA 98903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/T/D J. Trevor Johnstone, c/o Tricor Pacific Cap., Inc. The Waterfront Centre, 200 Burrard St., Vancouver, B.C. V6C 3L6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPCE ALTMAYER, M S 1728 PRESSON PLACE YAKIMA, WA 98903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/D Bradley S. Seaman, c/o Tricor Pacific Cap., Inc. One Westminster Place Lake Forest, IL 60045
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS AGUILAR, WENDY 1728 PRESSON PLACE YAKIMA, WA 98903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V/S/D David J. Rountree, c/o Tricor Pacific Cap., Inc. The Waterfront Centre, 200 Burrard St., Vancouver, B.C. V6C 3L6
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ALTMAYER, ANDREA 1728 PRESSON PLACE YAKIMA, WA 98903	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	

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: _____ 2/18/05 5096638537
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day/time Phone #