

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 21, 2006 8:00 am
Secretary of State

08-21-2006 90001 047 ***550.00

DOCUMENT # F02000005130			
1. Entity Name ALKAR-RAPIDPAK, INC.			
Principal Place of Business 932 DEVELOPMENT DRIVE LODI, WI 53555		Mailing Address 932 DEVELOPMENT DRIVE LODI, WI 53555	
2. Principal Place of Business		3. Mailing Address 1400 Toastmaster Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Elgin, IL	
Zip	Country	Zip	Country
		60120	USA
4. FEI Number 39-2044489		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		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 \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PD	TITLE	PRESIDENT
NAME	HINDERAKER, J. PHILLIP	NAME	Selin A. Bassoul
STREET ADDRESS	932 DEVELOPMENT DRIVE	STREET ADDRESS	1400 Toastmaster Drive
CITY-ST-ZIP	LODI, WI 53555	CITY-ST-ZIP	Elgin, IL 60120
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	VT	TITLE	VICE PRESIDENT
NAME	SMITH, DAVID D	NAME	Timothy Fitzgerald
STREET ADDRESS	932 DEVELOPMENT DRIVE	STREET ADDRESS	1400 Toastmaster Drive
CITY-ST-ZIP	LODI, WI 53555	CITY-ST-ZIP	Elgin, IL 60120
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	S	TITLE	Secretary + Treasurer
NAME	JANOVITZ, KIM	NAME	Martin Lindsay
STREET ADDRESS	932 DEVELOPMENT DRIVE	STREET ADDRESS	1400 Toastmaster Drive
CITY-ST-ZIP	LODI, WI 53555	CITY-ST-ZIP	Elgin, IL 60120
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	D	TITLE	Director
NAME	TAYLOR, GUS	NAME	Timothy Fitzgerald
STREET ADDRESS	932 DEVELOPMENT DRIVE	STREET ADDRESS	1400 Toastmaster Drive
CITY-ST-ZIP	LODI, WI 53555	CITY-ST-ZIP	Elgin, IL 60120
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	Director
NAME	ADKINS, G. WOODROW	NAME	Martin Lindsay
STREET ADDRESS	932 DEVELOPMENT DRIVE	STREET ADDRESS	1400 Toastmaster Drive
CITY-ST-ZIP	LODI, WI 53555	CITY-ST-ZIP	Elgin, IL 60120
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D	TITLE	
NAME	WALSH, DAVID G	NAME	
STREET ADDRESS	150 E. GILMAN STREET	STREET ADDRESS	
CITY-ST-ZIP	MADISON, WI 53703	CITY-ST-ZIP	
	<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: _____		Date: 8/15/06 (847) 429-7711	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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