

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005299

FILED
Apr 20, 2007
Secretary of State

Entity Name: CLEAR-LAM PACKAGING, INC.

Current Principal Place of Business:

1950 PRATT BLVD.
ELK GROVE VILLAGE, IL 60007

New Principal Place of Business:

Current Mailing Address:

1950 PRATT BLVD.
ELK GROVE VILLAGE, IL 60007

New Mailing Address:

FEI Number: 36-2675628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: SANFILIPPO, JAMES J
Address: 807 PLUM TREE ROAD
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: VC () Delete
Name: SANFILIPPO, JOHN E
Address: 707 PLUM TREE ROAD
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: D () Delete
Name: SANFILIPPO, JASPER B
Address: 707 PLUM TREE ROAD
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: D () Delete
Name: SANFILIPPO FAMILY 19, 99 GENERATIONS SKIPPIN
Address: P.O. BOX 367
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: V () Delete
Name: SANFILIPPO, MARION
Address: P.O. BOX 367
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: S () Delete
Name: WEDOFF, THOMAS
Address: 1950 PRATT BLVD.
City-St-Zip: ELK GROVE VILLAGE, IL 60007

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS WEDOFF

S

04/20/2007

Electronic Signature of Signing Officer or Director

_____ Date