# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Apr 27, 2009**
**Secretary of State**

DOCUMENT# F02000005299

**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 1999 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 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 04/27/2009

Electronic Signature of Signing Officer or Director — Date