


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 26, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F03000006326</b>	
1. Entity Name <b>SELF-SEAL CONTAINER CORPORATION OF DELAWARE VALLEY</b>	

Principal Place of Business <b>401 EAST FOURTH STREET BRIDGEPORT, PA 19405</b>	Mailing Address <b>401 EAST FOURTH STREET BRIDGEPORT, PA 19405</b>
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07162004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>23-1662032</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>
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**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PCD MCCORMICK, JOHN W JR. 401 EAST FOURTH STREET BRIDGEPORT, PA 19405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD MCCORMICK, PATRICIA 401 EAST FOURTH STREET BRIDGEPORT, PA 19405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD MCCORMICK, JACQUELINE 401 EAST FOURTH STREET BRIDGEPORT, PA 19405
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

U00000168351  
07/26/04-80010-007 150.00

**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)(f), 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: Patricia McCormick Patricia McCormick 7/21/04 610-275-2300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #