2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000918

FILED Apr 20, 2006 Secretary of State

| Entity Na | me: CORY PA | ACKAGING, INC. | | | | |
|---|---|---|---|--|--|--|
| Current Principal Place of Business: | | | New Principal Place of Business: | | | |
| 402 EAST MAIN STREET PALMYRA, NY 14522 | | | 6932 S MANHATTAN AVE TAMPA, FL 33616 | | | |
| Current Mailing Address: | | | New Mailing Address: | | | |
| 402 EAST MAIN STREET PALMYRA, NY 14522 | | | PO BOX 13445 TAMPA, FL 33681 | | | |
| FEI Number: 27-0051163 FEI Number Applied For () | | FEI Number Not Applicable () Certificate of Status Desired () | | | | |
| Name and | Address of C | Current Registered Agent: | Name and | Address of New Registered Agent: | | |
| 1200 SOU PLANTATI The above | PORATION SY TH PINE ISLA ION, FL 33324 named entity of Florida. | ND ROAD I US | rpose of changing i | its registered office or registered agent, or both, | | |
| SIGNATUI | | | | | | |
| 0.014/ (101 | | nic Signature of Registered Ager | t | Date | | |
| Election Car | mpaign Financin | g Trust Fund Contribution (). | | | | |
| OFFICERS AND DIRECTORS: | | | ADDITION | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | | |
| Title: Name: Address: City-St-Zip: | PSTD (MEDIGAN, JOS 402 EAST MAII PALMYRA, NY | N STREET | Title: Name: Address: City-St-Zip: | PSTD (X) Change () Addition MADIGAN, JOSEPH W 6932 S MANHATTAN AVE TAMPA, FL 33616 | | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Zip: | VP () Change (X) Addition MADIGAN, RYAN M 6932 S MANHATTAN AVE TAMPA, FL 33616 | | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Zip: | CFO () Change (X) Addition DINGLE, GREGORY D 6932 S MANHATTAN AVE TAMPA, FL 33616 | | |
| Title: Name: Address: City-St-Zip: | () |) Delete | Title: Name: Address: City-St-Zip: | PRES () Change (X) Addition THOMPSON, JOHN 6932 S MANHATTAN AVE TAMPA, FL 33616 | | |

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: JOSEPH MADIGAN **PSTD** 04/20/2006