2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 19, 2008
Secretary of State

DOCUMENT# F05000000918

Entity Name: CORY PACKAGING, INC.

Current Principal Place of Business:

6932 S MANHATTAN AVE
TAMPA, FL 33616

New Principal Place of Business:

Current Mailing Address:

PO BOX 13445
TAMPA, FL 33681

New Mailing Address:

FEI Number: 27-0051163 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COLE, MARSHALL CFO
6932 S MANHATTAN AVE
TAMPA, FL 33616 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: PSTD ( ) Delete
Name: MADIGAN, JOSEPH W
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP ( ) Delete
Name: MADIGAN, RYAN M
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: CFO ( ) Delete
Name: COLE, MARSHALL
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP ( ) Delete
Name: VOTAW, BRIAN
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: VP ( ) Delete
Name: GOERING, GLENN
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: VP ( ) Change (X) Addition
Name: MADIGAN, JONATHAN
Address: 6932 S MANHATTAN AVE
City-St-Zip: TAMPA, FL 33616

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: ANTHONY DELUCA CONT 06/19/2008

Electronic Signature of Signing Officer or Director — Date