2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Mar 21, 2006 8:00 am Secretary of State

16 Mar 06

ANNOAL KEFOKI				Secretary or State	
DOCUMENT # F05000002313 1. Entity Name REXAM CP INC.				03-21-2006 90027 047 ***150.00	
Principal Place of Business Mailing Address				400-	
4201 CONGRESS STREET 4201 CONGRESS STREET			Т		
		SUITE 340	.1		
CHARLOTTE, NC 28209		CHARLOTTE, NC 28209		A 1881/60 (ATA BATAS BATA) BODIA BATA BATA BATA BATA BATA BATA ATAN ATAN	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		03142006 Chg-P CR2E034 (11/05).	
City & State		City & State		4. FEI Number Applied For 36-3474609 Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired See Required Fee Required	
	6. Name and Address of Current I	Registered Agent		7. Name and Address of New Registered Agent	
			Name		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4			Street A	Street Address (P.O. Box Number is Not Acceptable)	
WESTON,	FL 33331				
			City		
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 tribe if applicable. (NDTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
10.	OFFICERS AND I	DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	Р	4 Delete	TITLÉ	President · Secretary · Director D Change Addition	
NAME	WEEKS, JOHN		NAME	Frank C. Brown	
STREET ADORESS	501 MOSSIDE BLVD.		STREET ADDRESS	4201 Congress Street, Suite 340	
CITY-ST-ZIP	NORTH VERSAILLES, PA 15137	7	CITY-ST-ZIP	Charlotte, NC 28209	
THILE	VS	☐ Delete	1ITLE	☐ Change ☐ Addition	
NAME	FARRELL, MICHAEL		NAME		
STREET ADDRESS	501 MOSSIDE BLVD.		STREET ADDRESS		
CITY-SI-ZIP	NORTH VERSAILLES, PA 15137	7	CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	Vice President detange □ Addition	
NAME	CONLEY, GREGORY		NAME		
STREET ADDRESS	501 MOSSIDE BLVD.		STREET ADORESS		
CITY-ST-ZIP	NORTH VERSAILLES, PA 15137	7	CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	Vice President	
NAME			NAME	Lisa R. Hysko	
STREET ADDRESS			STREET ADDRESS	1,20	
CITY-ST-ZIP			CITY-ST-ZIP	Charlotte NC 28209	
TITLE		☐ Delete	TITLE	Treasurer _ Change @Addition	
NAME			NAME	Clinton H. Jumlin	
STREET ADDRESS			STREET ADDRESS	4201 congress St suite 340	
CITY-ST-ZIP			CITY-ST-ZIP	Charlette NC 28209	
TITLE		Delete	TITLE	Ronald H. Glasshoff	
NAME			NAME	Ronald H. Glasshott 4201 Congress St. Suite 340	
STREET ADDRESS			STREET ADORESS CITY-ST-ZIP		
CITY-ST-ZIP	<u> </u>	Abria (Wanadana and William)			
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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					

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: