

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006131

Entity Name: SCHOLLE PACKAGING, INC.

FILED
Apr 18, 2008
Secretary of State

Current Principal Place of Business:

19540 JAMOREE ROAD
SUITE 310
IRVINE, CA 92612 US

Current Mailing Address:

19540 JAMOREE ROAD
SUITE 310
IRVINE, CA 92612 US

New Principal Place of Business:

19540 JAMOREE ROAD
SUITE 310
IRVINE, CA 92612

New Mailing Address:

19540 JAMOREE ROAD
SUITE 310
IRVINE, CA 92612

FEI Number: 02-0751751

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: PD () Delete
Name: SCHOLLE, WILLIAM J
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612 US

Title: T () Delete
Name: SAMSON, JAMES R
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612 US

Title: D () Delete
Name: BRANT, JOHN
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612 US

Title: D () Delete
Name: CHARE, HUGH B
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612 US

Title: D (X) Delete
Name: STEMLER, JOSEPH
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612 US

Title: D (X) Delete
Name: SCHOLLE, ROBERT
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: GIANNESCHI, LEON
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612

Title: SEC (X) Change () Addition
Name: BELL, MARTIN D
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612

Title: TRES (X) Change () Addition
Name: SAMSON, JAMES R
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612

Title: DIR (X) Change () Addition
Name: SCHOLLE, WILLIAM J
Address: 19540 JAMOREE ROAD, SUITE 310
City-St-Zip: IRVINE, CA 92612

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: CRYSTAL FICKEN

POA

04/18/2008

Electronic Signature of Signing Officer or Director

Date