

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra G. Morton
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 27 AM 8:16

SECRET OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F92000000378 (1)

1. Corporation Name

ULTRAGRAPHIC PACKAGING CORPORATION

Principal Place of Business

1151 GILLS DRIVE, SUITE 1700
ORLANDO FL 32824

Mailing Address

1151 GILLS DRIVE, SUITE 1700
ORLANDO FL 32824

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/10/1992

3a. Date of Last Report

08/12/1994

4. FEI Number

06-1345114

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 190.022,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt., #, etc.

Suite, Apt., #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CARPENTIER, ARMAND L
1151 GILLS DRIVE, SUITE 1700
ORLANDO FL 32824

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CS
NAME	SCHIELE, GEORGE
STREET ADDRESS	19 HILL ROAD
CITY - ST - ZIP	GREENWICH CT 06830
TITLE	DP
NAME	CARPENTIER, ARMAND L
STREET ADDRESS	7324 PINEMOUNT DR.
CITY - ST - ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	CORNACCHIA, JOSEPH
3.3 STREET ADDRESS	10590 PINE TREE TERRACE
3.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33436
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	HELTON, CHARLES
4.3 STREET ADDRESS	1015 MARLOW
4.4 CITY - ST - ZIP	RALEIGH, NC 27609
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 member or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 (if changed), or on an attachment with an address.

SIGNATURE:

Armand L. Carpentier
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
ARMAND L. CARPENTIER

4/24/95

(407)438-1990