

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 24 1996 8:00 am
Secretary of State

DOCUMENT # F93000001563 (6)

1. Corporation Name

CPI PACKAGING, INC.



Principal Place of Business

240 BOUNDARY ROAD
MARLBORO NJ 07746
US

Mailing Address

C/O CUST. DORI & BENICK
110 MAIN ST., P. O. BOX 372
FLEMINGTON NJ 08822
US

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

3. Date Incorporated or Qualified

03/30/1993

3a. Date of Last Report

03/01/1995

4. FEI Number

22-2733039

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUSSEY, HARRY JR.
SOUTHSEAS NW TOWER 4
440 SEAVIEW CT #1206
MARCO ISLAND FL 33937

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ DELETE

NAME: BUSSEY, HARRY III

STREET ADDRESS: 4 WINDYHILL LANE
CITY-STATE-ZIP: ATLANTIC HIGHLANDS NJ

2.1 TITLE ☐ DELETE

NAME: INCITTI, HOLLY B

STREET ADDRESS: 317 NAVESINK RIVER ROAD
CITY-STATE-ZIP: MIDDLETOWN NJ 07701

3.1 TITLE ☐ DELETE

NAME: DURHAM, DONNA B

STREET ADDRESS: 1 SPERPENTINE DRIVE
CITY-STATE-ZIP: ATLANTIC HIGHLANDS NJ 07716

4.1 TITLE ☐ DELETE

NAME: LONGO, DANNETE B
STREET ADDRESS: 2535 MEHOGANY TRAIL
CITY-STATE-ZIP: MANASQUAN NJ

5.1 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

6.1 TITLE ☐ DELETE

NAME:

STREET ADDRESS:

CITY-STATE-ZIP:

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 receiver 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96

Daytime Phone #

CR2E034 (12/95)