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

DOCUMENT # **F94000001370 (5)**

1. Corporation Name
DAHLONEGA PACKAGING CORPORATION

Principal Place of Business
P.O. BOX 68
MURRAYVILLE FL 30564

Mailing Address
P.O. BOX 68
MURRAYVILLE FL 30564

3. Date Incorporated or Qualified: **03/17/1994**
3a. Date of Last Report: **04/26/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **76-0302048** 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 if changed in this filing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	STECKO, PAUL T	
STREET ADDRESS	1603 ORRINGTON AVENUE	
CITY-ST-ZIP	EVANSTON IL	
TITLE	V	☐ DELETE
NAME	SWEENEY, W J	
STREET ADDRESS	1603 ORRINGTON AVENUE	
CITY-ST-ZIP	EVANSTON IL	
TITLE	VAS	☐ DELETE
NAME	SIMPSON, ROBERT G	
STREET ADDRESS	1010 MILAN STREET	
CITY-ST-ZIP	HOUSTON TX	
TITLE	VAS	☐ DELETE
NAME	FAULKNER, JAMES	
STREET ADDRESS	1603 ORRINGTON AVENUE	
CITY-ST-ZIP	EVANSTON IL	
TITLE	V	☐ DELETE
NAME	WOODALL, ROBERT C	
STREET ADDRESS	5608 THOMPSON BRIDGE RD.	
CITY-ST-ZIP	MURRAYVILLE GA	
TITLE	S	☐ DELETE
NAME	STEWART, KARL A	
STREET ADDRESS	1010 MILAM	
CITY-ST-ZIP	HOUSTON TX	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VTC	☐ Change ☒ Addition
1.2 NAME	SUZANNE M. LEFEVRE	
1.3 STREET ADDRESS	1019 Dobson	
1.4 CITY-ST-ZIP	EVANSTON, IL 60201	
2.1 TITLE	V	☐ Change ☒ Addition
2.2 NAME	Robert A. PAGE	
2.3 STREET ADDRESS	1124 LOYOLA	
2.4 CITY-ST-ZIP	LIBERTYVILLE, IL 60048	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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 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: Suzanne M. Lefevre — Suzanne M. Lefevre — 847-442-4439
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)