

2004 FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 24, 2004 8:00 am
Secretary of State

03-24-2004 90011 032 ***150.00

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1. Entity Name

AUTOMATED PACKAGING SYSTEMS, INC.



Principal Place of Business

**10175 PHILIPP PARKWAY
STREETSBO RO OH 44241**

Mailing Address

**10175 PHILIPP PARKWAY
STREETSBO RO OH 44241**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

MOORE

CR2E034 (11/03)

4. FEI Number

34-0921189

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

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

City

FL

Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	LERNER, HERSHEY	
STREET ADDRESS	10175 PHILIPP PARKWAY	
CITY-ST-ZIP	STREETSBO RO OH 44241	
TITLE	PD	<input type="checkbox"/> Delete
NAME	LERNER, BERNARD	
STREET ADDRESS	10175 PHILIPP PARKWAY	
CITY-ST-ZIP	STREETSBO RO OH	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	GOULD, ARTHUR	
STREET ADDRESS	10175 PHILIPP PARKWAY	
CITY-ST-ZIP	STREETSBO RO OH 44241	
TITLE	T	<input type="checkbox"/> Delete
NAME	MANZETTI, DARYL D	
STREET ADDRESS	10175 PHILIPP PARKWAY	
CITY-ST-ZIP	STREETSBO RO OH 44241	
TITLE	CFOT	<input type="checkbox"/> Delete
NAME	STUFFLEBEAN, JERRY D	
STREET ADDRESS	10175 PHILIPP PARKWAY	
CITY-ST-ZIP	STREETSBO RO OH 44241	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCNAMARA, MICHAEL	
STREET ADDRESS	10175 PHILIPP PARKWAY	
CITY-ST-ZIP	STREETSBO RO OH 44241	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Assistant Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President/Chief Oper. Officer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jan Dovey	
STREET ADDRESS	10175 Philipp Parkway	
CITY-ST-ZIP	Streetsboro, OH 44241	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Jerry D. Stufflebean 3/17/04 330-342-2000