## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F95000000451

Entity Name: AUTOMATED PACKAGING SYSTEMS, INC.

FILED Jan 06, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
10175 PHILIPP PARKWAY STREETSBORO, OH 44241								
Current Mailing Address:				New Mailing Address:				
10175 PHILIPP PARKWAY STREETSBORO, OH 44241								
FEI Number: 34-0921189 FEI Number Applied For ( ) FEI Number			FEI Number N	mber Not Applicable ( ) Certificate of Status Desired ( )				
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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:			ADE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:				
Title: Name: Address: City-St-Zip:	CD () LERNER, HERS 10175 PHILIPP STREETSBORO	PARKWAY	Title: Name Addre City-\$	e:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	T () MANZEGA, DAR 1075 PHILIPP P STREETSBORO	ARKWAY	Title: Name Addre City-S	e:	T () MANZETTI, DA 1075 PHILIPP STREETSBOR	PARKWAY		
Title: Name: Address: City-St-Zip:	DVS () GOULD, ARTHU 10175 PHILIPP STREETSBORO	PARKWAY	Title: Name Addre City-\$	e:	(	) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	AT () MANZETTI, DAR 10175 PHILIPP STREETSBORO	PARKWAY	Title: Name Addre City-\$	e:	AT () GOESSLER, I 10175 PHILIPI STREETSBOR	P PARKWAY		
Title: Name: Address: City-St-Zip:	AT () GUESSLER, DA 10175 PHILLIPF STREETSBORO	PKWY	Title: Name Addre City-S	e:	DV () LERNER, MAT 10175 PHILLIF STREETSBOR	PP PKWY		
Title: Name: Address: City-St-Zip:	DV (X) LERNER, MATTI 10175 PHILIPP STREETSBORO	PARKWAY	Title: Name Addre City-S	e:	(	) Change ( ) Addition		
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								

SIGNATURE: DAVID GOESSLER 01/06/2009 ΑT Date

above, or on an attachment with an address, with all other like empowered.