2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000001934

1. Entity Name

FLEMING PACKAGING CORPORATION

FILED
Feb 15, 2000 8:00 am
Secretary of State
02-15-2000 90025 006 ***150.00

Principal Place of Business	Mailing Address
1028 SW ADAMS ST PEDRIA IL 61602 US	1028 SW ADAMS ST PEDRIA IL 61602-1613 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1114 SW ADAMS ST	1114 SW ADAMS ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
PEORIA, IL	PEORIA, IL
City & State	City & State
61602	61602
Zip / Country	Zip / Country

4. FEI Number 51-0366038 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

7. Name and Address of New Registered Agent

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P FULFORD, GREGORY 1028 SW ADAMS ST PEORIA IL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT KEN LYONS 1114 SW ADAMS ST. PEORIA, IL 61602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FULFORD, GREGORY P ~~1028 SW ADAMS ST.~~ PEORIA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1114 SW ADAMS ST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V FULTON, WILLIAM M ~~1028 SW ADAMS ST~~ PEDRIA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1114 SW ADAMS ST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVPF WAYVON, PAUL W. ~~1028 SW ADAMS ST.~~ PEDRIA IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1114 SW ADAMS ST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2-11-00 _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #