

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 27, 2001 8:00 am
Secretary of State

06-27-2001 90007 012 ***150.00

DOCUMENT # F95000002326

1. Entity Name

ULTRA PAC, INC.

Principal Place of Business

21925 INDUSTRIAL BLVD.
 ROGERS MN 55374

Mailing Address

100 TRI STATE DRIVE., STE 200
 LINCOLNSHIRE IL 60069

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number **41-1581031**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE	P	<input type="checkbox"/> Delete
NAME	BAYLY, G V	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	VD	<input type="checkbox"/> Delete
NAME	TANNURA, F V	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PATTERSON, G D	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	COTE, R R	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	VM	<input checked="" type="checkbox"/> Delete
NAME	KURINSKY, R A	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonfield, G. B.	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gentili, G.	
STREET ADDRESS	100 TRI STATE DRIVE., #200	
CITY-ST-ZIP	LINCOLNSHIRE IL 60069	
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		

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)



Attachment
A8875/40

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

May 29, 2001

ULTRA PAC, INC.
100 TRI STATE DRIVE., STE 200
LINCOLNSHIRE, IL 60069

Subject: ULTRA PAC, INC.

Reference
Number:

F95000002326

Please be advised, we have received your annual report/uniform business report; however, the report **has not been filed** and a copy is being returned for the following correction(s):

The check submitted is not payable to this office. Please make your check payable to the Department of State.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO: DIVISION OF CORPORATIONS, P.O. BOX 1500, TALLAHASSEE, FLORIDA 32302-1500 WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 488-9000.

/rj

ANNUAL REPORTS SECTION