SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **F95000003596 (2)**

1. Corporation Name
PIONEER PLASTICS CORPORATION

Principal Place of Business	Mailing Address
ONE PIONITE ROAD AUBURN ME 04211	ONE PIONITE ROAD AUBURN ME 04211

3. Date Incorporated or Qualified: **07/25/1995** | 3a. Date of Last Report:

2. Principal Place of Business (21): | 2a. Mailing Address (26):

Suite, Apt. #, etc (22): | Suite, Apt. #, etc (27):

City & State (23): | City & State (28):

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number: **36-4029837** ☐ 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCEO	XX DELETE	1.1 TITLE	PCEO	☐ Change XX Addition
NAME	SCHNEIDER, RICHARD J		1.2 NAME	Tees, James	
STREET ADDRESS	ONE PIONITE RD		1.3 STREET ADDRESS	One Pionite Road	
CITY-ST-ZIP	AUBURN ME 04211		1.4 CITY-ST-ZIP	Auburn, ME 04211	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	HILL, J. LYNDON		2.2 NAME		
STREET ADDRESS	CROWN HOUSE		2.3 STREET ADDRESS		
CITY-ST-ZIP	RUGBY, ENGLAND CV212DT		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	SHARP, R. MICHAEL		3.2 NAME		
STREET ADDRESS	570 LAKE COOK ROAD, SUITE 400		3.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		3.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	AGOSTINELLI, RICHARD A		4.2 NAME		
STREET ADDRESS	570 LAKE COOK ROAD, SUITE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL 60015		4.4 CITY-ST-ZIP		
TITLE	VM	XX DELETE	5.1 TITLE	VS	☐ Change XX Addition
NAME	SAMPLE, WILLIAM		5.2 NAME	Stevenson, Robert	
STREET ADDRESS	325 DESOTO AVENUE		5.3 STREET ADDRESS	One Pionite Road	
CITY-ST-ZIP	MORRISTOWN TN 37814		5.4 CITY-ST-ZIP	Auburn, ME 04211	
TITLE	AS	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	PEYTON, PATRICK H		6.2 NAME		
STREET ADDRESS	ONE PIONITE ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	AUBURN ME 04211		6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patrick H Peyton Patrick H. Peyton 6/18/96 207-784-9111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #