

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

ONE PIONITE ROAD
AUBURN ME 04211

Mailing Address

ONE PIONITE ROAD
AUBURN ME 04210-3800

FILED
Apr 02 1997 8:00am
Secretary of State



3. Date Incorporated or Qualified 07/25/1995
3a. Date of Last Report 06/24/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	36-4029837	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27		
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23	28		
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25		
Country	Country		
29	30		

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO	1.1 TITLE	Change Addition
NAME	TEES, JAMES	1.2 NAME	
STREET ADDRESS	ONE PIONITE RD	1.3 STREET ADDRESS	
CITY- ST- ZIP	AUBURN ME	1.4 CITY- ST- ZIP	
TITLE	V	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	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	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	VS	5.1 TITLE	Change Addition
NAME	STEVENSON, ROBERT	5.2 NAME	
STREET ADDRESS	ONE PIONITE ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	AUBURN ME	5.4 CITY- ST- ZIP	
TITLE	AS	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	

14. I do 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 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 607, 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

3/26/97 (202)784-9111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #