FILE NOW: FILING FEE AFTER MAY 1 IS \$55 DO

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMEN F STATE

Sandra B. Mor m
Secretary of St

DIVISION OF CORPORTIONS

DOCUMENT # F9600001117 (8)

L.D. PLASTICS, INC.

Principal Place of Business Mailing Address

1130 PEARL ST BROCKTON MA 02401

21

22

2. Principal Place of Business

Suite, Apt #, etc.

SIGNATURE:

City & State

1130 PEARL ST

2a. Mailing Address

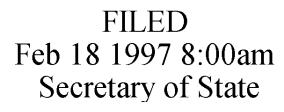
City & State

Suite, Apt. #, etc.

26

27

BROCKTON MA 02401-5409



3a. Date of Last Report

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Not Applicable



2/2/97 508 584 7651

3. Date Incorporated or Qualified

5. Certificate of Status Desired

6. Election Campaign Financing

03/04/1996

04-2702532

4. FEI Number

| 23 | | 28 | | • | | Trust Fund Contribution | | ACCIOCI I | io Fees |
|---|---|---|--|---------|--|---|---------------------------------------|-----------------------------|----------------|
| Zip | Country | Zip | Cou | intry | | 8. This corporation has liability to | r intangible | tax under s | . 199.032, |
| 24 | 25 | 29 | 30 | | | | Yes [| | |
| | 9. Name and Address of Curren | 81 | 10. Name and Address of New Registered Agent | | | | | | |
| THE PRENTICE-HALL CORPORATION SYSTEM, INC. | | | | | Name | | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | A 11 | |
| 1201 HAYS STREET | | | | | 2 Street Address (P.O. Box Number is Not Acceptable) | | | | |
| SUITE 105 | | | | | Oll Col / Colore | SO (1.0. DOX TRUITIDOI 10 TROE PROSEPTE | (Dig) | 100 | |
| TALLAHASSEE FL 32301 | | | | | | | 300 | | |
| | | | | | - | | | T. T =: | |
| | | | | 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, type dick pointed name of registered ager | | | d Ager | nt signature required | | DAYE | | |
| 12. | OFFICERS AND | | 13. | | | ADDITIONS/CHANGES TO OFF | ICERS AND | | |
| TITLE | DCPV | ☐ DELETE | 1,1 10 | TLE | | | | Change | Addition |
| NAME | | | | AME | | | | | |
| STREET ADDRESS | 104 ELM ST | | 1.3 \$1 | IREET A | ADORESS | | * - | | |
| CtTY-ST-7IP | N EASTON MA 02356 | | 1.4 CI | TY-\$T | - ZIP | · | | | |
| TITLE | \$T | ☐ DELETE | 2.1 10 | TLE | | | | Change | Addition |
| NAME | HARLFINGER, CHARLES E | | 2.2 NA | AME | | | 1 / L | | |
| STREET ADDRESS | 104 ELM ST | | 2.3 ST | IREET A | ADDRESS | | 4 | | |
| CITY - ST - ZIP | N EASTON MA 02356 | | 2. 4 C | HTY-S | T-ZIP | | | 1 | |
| TITLE | | ☐ DELETE | 3.1 Tt1 | TLE | | | | Change | ☐ Addition |
| NAME | | | 3.2 NA | ME | | | | | |
| STREET ADDRESS | | | 3.3 ST | REET / | ADDRESS | | | | |
| City-St-7iP | | | 3.4. CI | ITY-S | T-21P | | | | |
| TITLE | | ☐ DELETE | 4.1 7() | | | | | Change | ☐ Addition |
| NAME | | | 4. 2 N | AME | | | | " | |
| STREET ADDRESS | | | 4.3 ST | REET / | ADDRESS | | | | 1 |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST | -7IP | | | | i |
| TITLE | | ☐ DELETE | 5.1 717 | _ | | | | Change | Addition |
| NAME | | | 5.2 NA | AME | 1 | | • | | |
| STREET ADDRESS | | | | | ADDRESS | | | | i |
| CITY-ST-ZIP | | | 5.4 CII | | } | | | | |
| TITLE | | ☐ DELETE | 6.1 TIT | | -211 | | | Change | Addition |
| NAME | | | 6.2 NA | | | | | - outube | L. HOURSH |
| STREET ADDRESS | | | | | ADDRESS | | | | |
| CITY - ST - ZIP | | | | | | | | | |
| | ov certify that the information supplied | with this filing does not oue | 6.4 Cf | exer | notion stated in | n Section 119 07(3)(i) Florida Statut | as I further | certify that | the |
| informatio I am an of | by certify that the information supplied in indicated on this armual report or so ficer or director of the corporation or | upplemental annual report is the receiver or trustee emp | true and a wered to e | SCCU | rate and that m | ny signature shall have the same legas required by Chapter 607, Florida | jal effect as Statutes; ar | if made und id that my n | der oath; that |