
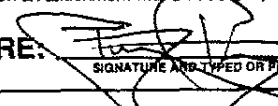


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2004 08:00 AM
Secretary of State

DOCUMENT # F96000002335		
1. Entity Name BOX USA MANUFACTURING GROUP OF GEORGIA, INC.		
Principal Place of Business 2100 SANDERS RD., SUITE 200 NORTHBROOK, IL 60062		Mailing Address 2100 SANDERS RD., SUITE 200 NORTHBROOK, IL 60062
DO NOT WRITE IN THIS SPACE		
01202004 No Chg-P CR2E034 (10/03)		
4. FEI Number 23-1986917		Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		DO NOT WRITE IN THIS SPACE
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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CEO STONE, ROGER 2100 SANDERS RD STE 200 NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KAPLAN, MATT 2100 SANDERS ROAD STE 200 NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	CFO TRAHEY, TIM 2100 SANDERS ROAD STE 200 NORTHBROOK, IL 60062	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 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: 1/22/04 Daytime Phone #: 847-790-2809