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FILED

Jun 16 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F96000004241 (3)

1. Corporation Name  
AIN PLASTICS, INC.



Principal Place of Business  
400 RENAISSANCE CENTER  
DETROIT MI 48243

Mailing Address  
400 RENAISSANCE CENTER  
DETROIT MI 48243-1507

3. Date Incorporated or Qualified  
08/20/1996

3a. Date of Last Report

4. FEI Number

APPLIED FOR 38-3301309

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

2. Principal Place of Business

21 249 EAST SANDFORD BLVD

Suite, Apt. #, etc.

22

City & State

23 MT. VERNON NY

Zip

24 10550

Country

25 U.S.A.

2a. Mailing Address

26 P.O. Box 151

Suite, Apt. #, etc.

27

City & State

28 MT. VERNON NY

Zip

29 10550

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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

TITLE CP  
NAME STROUD, RUSSELL  
STREET ADDRESS 20804 E. RIVER RD.  
CITY-ST-ZIP GROSSE ISLE MI 48138 ☒ DELETE

TITLE DS  
NAME CASPERS, WERNER  
STREET ADDRESS 1893 LONG POINT RD.  
CITY-ST-ZIP BLOOMFIELD HILLS MI 48302 ☒ DELETE

TITLE CFO  
NAME MICHAEL KELLEY  
STREET ADDRESS 249 EAST SANDFORD BLVD.  
CITY-ST-ZIP MT. VERNON NY 10550 ☒ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Sr. V.P.  
1.2 NAME DEREK GARNER  
1.3 STREET ADDRESS 249 EAST SANDFORD BLVD, 400 RENAISSANCE CT.  
1.4 CITY-ST-ZIP MT. VERNON NY 10550 DETROIT, MI 48243 ☐ Change ☒ Addition

2.1 TITLE V.P.  
2.2 NAME MICHAEL BATKY  
2.3 STREET ADDRESS 249 EAST SANDFORD BLVD, 215 Thornton Dr.  
2.4 CITY-ST-ZIP MT. VERNON NY 10550 Palm Beach FL 33418 ☐ Change ☒ Addition

3.1 TITLE CFO  
3.2 NAME MICHAEL KELLEY  
3.3 STREET ADDRESS 249 EAST SANDFORD BLVD, 3075 FARMWALK  
3.4 CITY-ST-ZIP MT. VERNON NY 10550 YORKTOWN HTS, NY 10550 ☐ Change ☒ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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: X

4-28-97 (914) 668-6800

CR2E034 (9/96)