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FILED
May 05 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

249 EAST SANDFORD BLVD.
MT. VERNON NY 10550
US

Mailing Address

P.O. BOX 151
MT. VERNON NY 10550
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/20/1996

4. FEI Number

38-3307309

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 17401 MILE ROAD

27 Suite, Apt. #, etc.

28 City & State

28 EASTPOINTE MI

29 Zip 30 Country

48021

US

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 SVP ☐ DELETE
NAME GARNER, DEREK
STREET ADDRESS 400 RENAISSANCE CTR.
CITY-ST-ZIP DETROIT MI

TITLE VP ☒ DELETE
NAME BATKY, MICHAEL
STREET ADDRESS 215 THORNTON DR.
CITY-ST-ZIP PALM BEACH FL

TITLE CFO ☐ DELETE
NAME KELLEY, MICHAEL
STREET ADDRESS 249 EAST SANDFORD BLV D.
CITY-ST-ZIP MT. VERNON NY

TITLE ☐ DELETE
NAME ~~BOLESTAR~~
STREET ADDRESS ~~JURGEN FUNKE~~
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SECRETARY ☐ Change ☒ Addition
1.2 NAME JURGEN FUNKE
1.3 STREET ADDRESS 400 RENAISSANCE CTR
1.4 CITY-ST-ZIP DETROIT, MI 48243

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

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

14. I 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 MICHAEL KELLEY

4/23/98

(914) 668-6800

CR2E034 (10/97)