2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE:

Jan 29, 2001 8:00 am Secretary of State DOCUMENT # F9800000185 INNOVATIVE FOLDING CARTON COMPANY, INC. 01-29-2001 90116 024 ***150.00 Principal Place of Business Mailing Address 901DURHAM AVE 999 PLAZA DR. STE 600 SOUTH PLAINFIELD NJ 07080 SCHAUMBURG IL 60173-5442 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 36-4200851 Not Applicable Zip Country Country \$8.75 Additional 👡 5. Certificate of Status Desired . Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) **526 E. PARK AVENUE** TALLAHASSEE FL 32301 City Zip Code FL 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEOD TITLE TITLE Change ☐ Addition ☐ Delete MAJEWSKI, RICHARD W NAME NAME 999 PLAZA DRIVE, SUITE 830 STREET ADDRESS STREET ADDRESS SCHAUMBURG IL 60173 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE ZIMMER, ROBERT W NAME NAME 999 PLAZA DRIVE, SUITE 830 STREET ADDRESS STREET ADDRESS SCHAUMBURG IL 60173 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition CANNIZZAAD, SAL NAME NAME 901 DURHAM AVE. STREET ADDRESS STREET ADDRESS S.PLAINFIELD NJ 07080 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete TITLE cris cuolo NAME NAME AUB NEC 901 PURHAM STREET ADDRESS STREET ADDRESS NJ 07080 Plain Field CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition . ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if

HW from Pobent W. Zmmer 1/10/01
PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED