

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State
 05-02-2001 90073 011 ***150.00

DOCUMENT # F98000001697

1. Entity Name
L'D. PLASTICS HOLDINGS CORP.

| | |
|--|---|
| Principal Place of Business 10 WESTPORT ROAD WILTON CT 06897-0810 | Mailing Address C/O CORP. TAX DEPT. 10 WESTPORT ROAD WILTON CT 06897-0810 |
|--|---|

B0044019



DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|--------------------------------|---------|---------------------|---------|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 3. Mailing Address | | 4. FEI Number 06-1498281 | | Applied For Not Applicable | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | | | | |
| Zip | Country | Zip | Country | | | | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 | | 7. Name and Address of New Registered Agent | |
| | | Name | |
| | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | City | |
| | | FL Zip Code | |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P STUART, TIMOTHY J 10 WESTPORT ROAD WILTON CT | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete EVP RIPPE, WILLIAM C 10 WESTPORT ROAD WILTON CT | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete SVP SAFOS, BASIL C 10 WESTPORT ROAD WILTON CT | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VT GILMAN, JEFFREY R 10 WESTPORT ROAD WILTON CT | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete S ARNOFF, CAROL R 10 WESTPORT ROAD WILTON CT | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Aronoff, Carol R. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete VAT SHIPLEY, GEORGE W 10 WESTPORT ROAD WILTON CT | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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

SIGNATURE: *Hal Wolkin* **Hal Wolkin** **4/23/01** **(203) 761-8242**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

L.D. PLASTICS HOLDINGS CORP.
10 WESTPORT RD.
P.O. BOX 810
WILTON, CT 06897-0810

04/17/2001

Attachment Doc. # F98000001697
B0044019

DIRECTORS

LOUIS DREYFUS VENTURES CORP., AS MANAGEMENT

OFFICERS

BUSINESS ADDRESS

| | | |
|-------------------|---------------|------------------------------------|
| TIMOTHY J. STUART | PRESIDENT | 10 WESTPORT ROAD, WILTON, CT 06897 |
| WILLIAM C. RIPPE | EXEC VP | 10 WESTPORT ROAD, WILTON, CT 06897 |
| BASIL C. SAFOS | SEN VP | 10 WESTPORT ROAD, WILTON, CT 06897 |
| JEFFREY R. GILMAN | VP/TREAS | 10 WESTPORT ROAD, WILTON, CT 06897 |
| RICHARD D. GRAY | VP/TREAS | 10 WESTPORT ROAD, WILTON, CT 06897 |
| GEORGE W. SHIPLEY | VP/ASST TREAS | 10 WESTPORT ROAD, WILTON, CT 06897 |
| HELEN LOVELY | VICE PRES | 10 WESTPORT ROAD, WILTON, CT 06897 |
| HAL WOLKIN | VICE PRES | 10 WESTPORT ROAD, WILTON, CT 06897 |
| CAROL R. ARONOFF | SECRETARY | 10 WESTPORT ROAD, WILTON, CT 06897 |
| THOMAS SCHEUER | ASST SEC | 10 WESTPORT ROAD, WILTON, CT 06897 |