

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # F98000003993**

1. Entity Name  
**ANDLER PACKAGING CORPORATION**



Principal Place of Business  
**PO BOX 148  
EVERETT, MA 02149-0002**

Mailing Address  
**PO BOX 148  
EVERETT, MA 02149-0002**

**DO NOT WRITE IN THIS SPACE**



02162006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**04-3293557**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**BRODY, EDWARD  
6010 FALLS CIRCLE DRIVE SOUTH  
BLDG 100 APT 424  
LAUDERHILL, FL 33319**

**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

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	CP
NAME	ANDLER, MARC
STREET ADDRESS	21 NORTH STONE
CITY-ST-ZIP	SWAMPSCOTT, MA 01907
TITLE	VCVS
NAME	ANDLER, ARNOLD
STREET ADDRESS	32 HAWTHORNE LANE
CITY-ST-ZIP	WESTON, MA 02193
TITLE	T
NAME	ANDLER, ARNOLD
STREET ADDRESS	32 HAWTHORNE LANE
CITY-ST-ZIP	WESTON, MA 02193
TITLE	D
NAME	MURPHY, RITA
STREET ADDRESS	605 MIDDLE ST # 8
CITY-ST-ZIP	BRAINTREE, MA 02184
TITLE	D
NAME	MCLAUGHLIN, RICHARD
STREET ADDRESS	7500 VENTNOR AVE
CITY-ST-ZIP	MARGATE CITY, NJ 08402
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000460378  
03/20/06-80007-020 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Rita Andler Murphy*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone

3/3/06

417  
387  
5700