

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 08:00 A
Secretary of State

DOCUMENT # F98000003993

1. Entity Name
ANDLER PACKAGING CORPORATION



Principal Place of Business
**376 THIRD STREET
EVERETT, MA 02149-0002**

Mailing Address
**PO BOX 499125
EVERETT, MA 02149-0002**



02292008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 04-3293557 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CP ANDLER, MARC 21 NORTH STONE SWAMPSCOTT, MA 01907 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VCVS ANDLER, ARNOLD 32 HAWTHORNE LANE WESTON, MA 02193 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T ANDLER, ARNOLD 32 HAWTHORNE LANE WESTON, MA 02193 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MURPHY, RITA 7 HELLEN ROAD BRAINTREE, MA 02184 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MCLAUGHLIN, RICHARD 7500 VENTNOR AVE MARGATE CITY, NJ 08402 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

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04/08/08-80096-004 150.00

**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 if 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 3/20/08 Daytime Phone # 617-387-5700