

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**PROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

FILED  
 APR 28 PM 12:00  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # F98000005224**

1. Corporation Name  
**FRANKLIN PLASTICS, INC.**

Principal Place of Business  
 PO BOX 469  
 FRANKLIN MA 02038

Mailing Address  
 PO BOX 469  
 FRANKLIN MA 02038

2. Principal Place of Business  
 21 8420 West Dodge Road  
 Suite, Apt #, etc.  
 22 Suite 500  
 City & State  
 23 Omaha NE  
 Zip Country  
 24 68114 25 USA

2a. Mailing Address  
 26 8420 West Dodge Road  
 Suite, Apt #, etc.  
 27 Suite 500  
 City & State  
 28 Omaha NE  
 Zip Country  
 29 68114 30 U.S.A.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**09/17/1998**  
 4. FEI Number  
**52-2049462**  
 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 the current year Intangible Personal Property Tax  Yes  No  
 10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION FL 33324**

81 Name  
 Corporation Service Company  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 1201 Hays Street  
 83 100002854881-5  
 84 City Tallahassee FL 85 Zip Code 32301

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 *Laura P. Duns*

4-28-99

(NOTE: Be sure to Agent signature required when re-stating)

**12. OFFICERS AND DIRECTORS**

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CARR, NORMAN	
STREET ADDRESS	11 WILLIAMS CIRCLE	
CITY-ST-ZIP	BURLINGTON MA	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	WHITEHEAD, RAY B	
STREET ADDRESS	5 KENNEDY LANE	
CITY-ST-ZIP	ACTON MA	
TITLE	SVCD	<input checked="" type="checkbox"/> DELETE
NAME	BERNON, ALAN J	
STREET ADDRESS	200 POND RD.	
CITY-ST-ZIP	WELLESLEY MA	
TITLE	CDT	<input checked="" type="checkbox"/> DELETE
NAME	BERNON, PETER M	
STREET ADDRESS	9 MONADNOCK RD.	
CITY-ST-ZIP	WELLESLEY MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	William L. Estes	
13 STREET ADDRESS	2515 MCKINNEY AVE #850	
14 CITY-ST-ZIP	Dallas, TX 75201	
21 TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Brian Ketcham	
23 STREET ADDRESS	14566 Nelsons Creek Drive	
24 CITY-ST-ZIP	Omaha NE 68134	
31 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	PETER M. BERNON	
33 STREET ADDRESS	1199 W. CENTRAL STREET	
34 CITY-ST-ZIP	FRANKLIN MA 02038	
41 TITLE	V/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	MICHELLE P. GOOLSBY	
43 STREET ADDRESS	2515 MCKINNEY AVE #1200	
44 CITY-ST-ZIP	DALLAS TX 75201	
51 TITLE	C/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	GREGG L. ENGLS	
53 STREET ADDRESS	2515 MCKINNEY AVE #1200	
54 CITY-ST-ZIP	DALLAS TX 75201	
61 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ROBERT G. LATNAM	
63 STREET ADDRESS	2515 MCKINNEY AVE #1200	
64 CITY-ST-ZIP	DALLAS TX 75201	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b) 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, with all other like empowered

SIGNATURE: *Brian L. Ketcham* BRIAN L. KETCHAM 4/26/99 (402) 391-7042  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)