2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K59977

885 FATHOM RD

NORTH PALM BEACH, FL 33408 US

Address:

City-St-Zip:

Entity Name: TOCHNER CORPORATION

FILED Aug 31, 2008 Secretary of State

Current Principal Place of Business:			ss:	New Principal Place o	New Principal Place of Business:	
885 FATH NORTH PA	OM RD. ALM BEACH, F	FL 33408	US			
Current Mailing Address:				New Mailing Address	New Mailing Address:	
885 FATH NORTH PA	OM RD ALM BEACH, F	FL 33408	US			
FEI Number:	: 65-0095458	FEI Numb	er Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
The above	OM RD ALM BEACH, F		US s statement for the p	ourpose of changing its registered	office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signatur	e of Registered Age	ent	Date	
	ce with s. 607.193 npaign Financing			t receive the prior notice.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PVD () TOCHNER, MAX 885 FATHOM R NORTH PALM E	D	3408 US	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	ST ()	Delete		Title:	() Change () Addition	

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAX TOCHNER P 08/31/2008