

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90122 023 ***138.75

60002854



01042008 Chg-LLC CR2E083 (12/06)

4. FEI Number 77-0622587 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

DOCUMENT # L07000020180
1. Entity Name
CCC GLOBAL PACKAGING LLC



Principal Place of Business 971 EMILY LANE WEBSTER, NY 14580 US
Mailing Address P.O. BOX 1174 WEBSTER, NY 14580 US

2. Principal Place of Business - No P.O. Box # 2500 East Avenue

Suite, Apt. #, etc. #1-W

City & State Rochester, NY

Zip 14610 Country USA

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

6. Name and Address of Current Registered Agent

FRADLEY, DONALD S
27 N. PENNOCK LANE
SUITE 104
JUPITER, FL 33458

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. I am familiar with, and accept the obligations of registered agent.

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

DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME COX, STANLEY W CITY-ST-ZIP 971 EMILY LANE WEBSTER, NY 14580 ☐ Delete

TITLE MGRM NAME CORNELL, WILLIAM J CITY-ST-ZIP 1965 SE TALBOT PLACE STUART, FL 34997 ☐ Delete

TITLE MGRM NAME CARTER, RICHARD P CITY-ST-ZIP 201 EAST CHESTNUT STREET CHICAGO, IL 60611 ☐ Delete

TITLE MGRM NAME TODD W. CORNELL CITY-ST-ZIP 3260 CASSOPOLIS ELKHART, IN 46514 ☐ Change ☒ Addition

TITLE MGRM NAME _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition

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TITLE MGRM NAME _____ CITY-ST-ZIP _____ ☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE: _____ Date: 01-16-08 585-738-18080

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #