File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

subject to a \$ 400.00 LATE FEE. LIMITED LIABILITY COMPANY FLORIDA DEPARTMENT OF STATE Sandra B. Mortham **ANNUAL REPORT** Secretary of State 1998 **DIVISION OF CORPORATIONS** 98 MAY 18 PM 4: 15 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Malling Address of Limited Liability Company **DOCUMENT #** M9400000167 1a. Principal Place of Business Address ESSEX PLASTICS MIDWEST, LLC, L.C. P.O.BOX 2308 1105 VISCO DRIVE POMPANO BCH FL 33061 NASHVILLE TN 37210 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified 3a. State of Formation 12/19/1994 4. FEI Number TN Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable 59-3273183 5. Date of Last Report 6. Certificate of Status Desired Country Zip Country St 75 Additional Lee Required 03/03/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office AUBREY STRUL 1531 NW 15th Avenue POMPANO BEACH FL 33069 Street Address (P.O. Box Number is Not Acceptable) Sulte, Apt. #, etc. 700002530837---05/20/98--01113--014 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE ient) (NOTE Registered Agent signature required when reinstalling) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code MGRM STRUL, AUBREY M 1531 N.W. 12TH AVENUE POMPANO BEACH FL MGRM TEO, ALFRED 1531 N.W. 12TH AVENUE POMPANO BEACH FL MGRM FRIEDMAN, IRWIN 1531 N.W. 12TH AVENUE POMPANO BEACH FL MGRM STRUL, HAROLD 1531 N.W. 12TH AVENUE POMPANO BEACH FL

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information Indicated on this annual 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPLU OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #