2001 UNIFORM BUSINESS REPORT (UBR)

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DOCUMENT # M9700000309 1. Entity Name						FILED				
STRETCH PACKAGING L.L.C.						OIMAY	- 4	PH	: 46	
Principal Place of Business Mailing Address 3600 WEST LAKE AVENUE GLENVIEW IL 60025						SECRETA TALLAHA				
2. Principal F	Place of Business	3. Mailing Address				•	1			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State				El Number 5 - 4150017	- 		Applied For	_
Zip Country		Zip Cour		untry		ertificate of Status Desired		5.00 A	Not Applicated additional)le(
	6. Name and Address of Current	Registered Agent		l		me and Address of New Regist		e Requi	ired	\dashv
				Name	r. 14a	mo and reguess of new regist	:	ent.		\dashv
CT COR	PORATION SYSTEM				-					╝
1200 SOUTH PINE ISLAND ROAD					ress (P.O. I	Box Number is Not Acceptable)				
PLANTA	TION FL 33324			- "		-				٦
	•			City		· · · · · · · · · · · · · · · · · · ·	FL	Zip C	ode	7
8. The above	named entity submits this statemen	t for the purpose of changing	g its reg	istered office	or registere	ed agent, or both, in the State of F	lorida.			\dashv
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SIGNATURE	Signature, typed or printed name of regis	tered agent and title if applicable		NOTE: Register	red Agest sic	nature required when reinstating) **	i DA Π	_		
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9.	MANAGING MEMBER	RS/MANAGERS	10.		3 MA ²⁸	ADDITIONS/CHANG	3ES			4
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information	rtify that the information supplied with indicated on this report is true and g	securate-and that my signatu	ıre shall	have the sarr	ne legal effo	ect as if made under oath, that La	mia ma	certify t	that the member or	
manager of	f the limited liability company or the r	eceiver or trustee empower	ed to ex	ecute this rep	ort as requ	ired by Chapter 608, Florida Stati	ıtes.			
SIGNATI	URE: Mana	Mund -				4/30/01	84	7 - 72	24-750	1
	ND TYPED OR PRINTED NAME OF SIG	NING MANAGING MEMBER, M	ANAGER	, OR AUTHORI	ZED REPRE			time Pho		1
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