


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2004 8:00 am**  
**Secretary of State**

02-25-2004 90286 006 \*\*\*\*50.00

<b>DOCUMENT # M99000000118</b> 1. Entity Name PACKAGING SERVICE INDUSTRIES, LLC	
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Principal Place of Business 1100 WEST MARKET STREET LOUISVILLE, KY 40201	Mailing Address 12243 BRANFORD STREET SUN VALLEY, CA 91352
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**DO NOT WRITE IN THIS SPACE**

24014495



01122004 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 95-4716163	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525

**DO NOT WRITE  
IN THIS SPACE**

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.

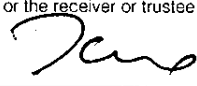
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$50.00  
Due by May 1, 2004**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PACKAGING SERVICE CORPORATION OF KENTUCKY 1100 WEST MARKET STREET LOUISVILLE, KY 40201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THACKER, D.R. 1100 WEST MARKET STREET LOUISVILLE, KY 40201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JOHNSON, LORI M 12243 BRANFORD STREET SUN VALLEY, CA 91352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO CHEONG, THIAN C 12243 BRANFORD STREET SUN VALLEY, CA 91352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASTR GAMBOA, PETER 12243 BRANFORD STREET SUN VALLEY, CA 91352
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MCENTIRE, RON 1100 WEST MARKET STREET LOUISVILLE, KY 40201

**DO NOT WRITE  
IN THIS SPACE**

11. I 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 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.

SIGNATURE:  2-19-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #