


**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**

**Aug 02, 2005 08:00 AM  
Secretary of State**

<b>DOCUMENT # M99000000118</b> 1. Entity Name PACKAGING SERVICE INDUSTRIES, LLC	
---	---

Principal Place of Business 1100 WEST MARKET STREET LOUISVILLE, KY 40201	Mailing Address 12243 BRANFORD STREET SUN VALLEY, CA 91352
--	--

**DO NOT WRITE IN THIS SPACE**



07252005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number 95-4716163	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when registering)

**Filing Fee is \$50.00  
Due by September 7, 2005**

1000000375369  
08/02/05-80001-019 55.00

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:** T.C. Cheong 7/25/05 (818)896-1101  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #