

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007346

FILED  
Jan 22, 2009  
Secretary of State

**Entity Name:** PACKAGING & LABEL GRAVURE EDUCATIONAL FOUNDATION, INC.

**Current Principal Place of Business:**

18481 ROYAL HAMMOCK BLVD  
NAPLES, FL 34114

**New Principal Place of Business:**

**Current Mailing Address:**

18481 ROYAL HAMMOCK BLVD  
NAPLES, FL 34114

**New Mailing Address:**

**FEI Number:** 20-4055322

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

DUNKIN, DAVID A  
170 W DEARBORN ST  
ENGLEWOOD, FL 34223 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: SHARKEY, PAUL  
Address: 8531 CROWN CRESCENT COURT  
City-St-Zip: CHARLOTTE, NC 28227

Title: D ( ) Delete  
Name: WHITE, MURRAY  
Address: 1222 PERRY WAY  
City-St-Zip: WATERTOWN, WI 53094

Title: D ( ) Delete  
Name: MEDLICOTT, PETER  
Address: C/O 18481 ROYAL HAMMOCK BLVD  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: BERWICK, CHRIS  
Address: C/O 18481 ROYAL HAMMOCK BLVD  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: METZGER, HUBERT  
Address: C/O 18481 ROYAL HAMMOCK BLVD  
City-St-Zip: NAPLES, FL 34114

Title: D ( ) Delete  
Name: LEPP, JIM  
Address: 18481 ROYAL HAMMOCK BLVD  
City-St-Zip: NAPLES, FL 34114

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM LEPP

D

01/22/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date