

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007346

FILED  
Jan 11, 2011  
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  
Name: SHARKEY, PAUL  
Address: 8531 CROWN CRESCENT COURT  
City-St-Zip: CHARLOTTE, NC 28227

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: JAMES E LEPP

DIRE

01/11/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date