

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90053 021 ****61.25

DOCUMENT # N98000007298

1. Entity Name

PACKAGING & LABEL GRAVURE ASSOCIATION, INC.



Principal Place of Business

**6200 PLATEAU DRIVE
SPRINGFIELD OH 45502**

Mailing Address

**170 WEST DEARBORN STREET
ENGLEWOOD FL 34223**

2. Principal Place of Business

2952 Hollansburg-Arcanum Rd.

3. Mailing Address

Suite, Apt. #, etc.

City & State

New Madison, OH 45346

City & State

Zip
45346

Country

Zip

Country

4. FEI Number **65-0895960**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DUNKIN, DAVID A
170 WEST DEARBORN STREET
ENGLEWOOD FL**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** Delete
NAME **KLEIN, WILLIAM**
STREET ADDRESS **6200 PLATEAU DRIVE**
CITY-ST-ZIP **SPRINGFIELD OH 45502**

TITLE Change Addition
NAME (address only)
STREET ADDRESS *2952 Hollansburg-Arcanum Rd.*
CITY-ST-ZIP *New Madison, OH 45346*

TITLE **D** Delete
NAME **CHESNUT, RICHARD**
STREET ADDRESS **14 SPEILMAN ROAD**
CITY-ST-ZIP **FAIRFIELD NJ 07004**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **STASAK, TIM**
STREET ADDRESS **69 WYNMERE DR**
CITY-ST-ZIP **HORSHAM PA 19044**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: William Klein SIGNATURE REQUIRED

1-13-03 (937) 996-0328

CR2E037 (10/02)