2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006
Secretary of State

DOCUMENT# P14404

Entity Name: PURE-PAK PACKAGING, INC.

Current Principal Place of Business:

30000 SOUTH HILL ROAD
P.O. BOX S
NEW HUDSON, MI 48165

New Principal Place of Business:

Current Mailing Address:

30000 S HILL RD
P.O. BOX S
NEW HUDSON, MI 48165 US

New Mailing Address:

FEI Number: 38-2724516 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: THIELS, JOERG
Address: 4131 ST. ANDREWS
City-St-Zip: HOWELL, MI 48843

Title: D ( ) Delete
Name: FLATGARD, BJORN
Address: S KOGVEIEN 22
City-St-Zip: 1410 KOLBOTN, NO

Title: V ( ) Delete
Name: MARCHIONI, THOMAS
Address: 23401 HIGH MEADOW
City-St-Zip: NOVI, MI

Title: D ( ) Delete
Name: STANDAL, PER CATO
Address: POSTBOX 124
City-St-Zip: SPIKKESTAD, NORWAY, N-343

Title: D ( ) Delete
Name: WRIGHT, NIELS PETTER
Address: POSTBOX 124
City-St-Zip: SPIKKESTAD, NORWAY, N-343

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: V (X) Change ( ) Addition
Name: MARCHIONI, THOMAS
Address: 23401 HIGH MEADOW
City-St-Zip: NOVI, MI 48375

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS MARCHIONI VP 04/12/2006

Electronic Signature of Signing Officer or Director — Date