2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State
05-01-2007 90027 011 ***150.00

DOCUMENT # P14404

1. Entity Name
PURE-PAK PACKAGING, INC.

40095366

Principal Place of Business	Mailing Address
30000 SOUTH HILL ROAD P.O. BOX S NEW HUDSON, MI 48165	30000 S HILL RD P.O. BOX S NEW HUDSON, MI 48165 US

04232007 No Chg-P CR2E034 (11/05)

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4. FEI Number
38-2724516
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	THIELS, JOERG
STREET ADDRESS	4131 ST. ANDREWS
CITY-ST-ZIP	HOWELL, MI 48843
TITLE	D
NAME	FLATGARD, BJORN
STREET ADDRESS	S KOGVEIEN 22
CITY-ST-ZIP	1410 KOLBOTN, NO
TITLE	V
NAME	MARCHIONI, THOMAS
STREET ADDRESS	23401 HIGH MEADOW
CITY-ST-ZIP	NOVI, MI 48375
TITLE	D
NAME	STANDAL, PER CATO
STREET ADDRESS	POSTBOX 124
CITY-ST-ZIP	SPIKKESTAD, NORWAY, N-343
TITLE	D
NAME	WRIGHT, NIELS PETTER
STREET ADDRESS	POSTBOX 124
CITY-ST-ZIP	SPIKKESTAD, NORWAY, N-343
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Thomas Marchioni Thomas Marchioni 4/24/07 248-446-5305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #