

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P24185

(1)

1. Corporation Name

PACKAGE MACHINERY COMPANY



Principal Place of Business

Mailing Address

%THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

%THE CORPORATION TRUST COMPANY
1209 ORANGE STREET
WILMINGTON DE 19801

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

05/04/1989

3a. Date of Last Report

05/01/1995

4. FEI Number

04-1697760

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PUTNAM, KATHERINE E
STREET ADDRESS 243 PD RIDGE RD
CITY-ST-ZIP BEDFORD NY ☐ DELETE

1 1 TITLE
12 NAME ☐ Change ☐ Addition
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE VTS
NAME GORDON, KEVIN K
STREET ADDRESS 69 GROW HILL RD
CITY-ST-ZIP STAFFORD SPRINGS CT ☐ DELETE

2 1 TITLE
22 NAME ☐ Change ☐ Addition
23 STREET ADDRESS
24 CITY-ST-ZIP

TITLE D
NAME MURPHY, CHARLES H.
STREET ADDRESS 24 WEST STREET
CITY-ST-ZIP STAFFORD SPRINGS CT ☒ DELETE

3 1 TITLE
32 NAME ☐ Change ☐ Addition
33 STREET ADDRESS
34 CITY-ST-ZIP

TITLE D
NAME GOVONI, VIRGINIA D.
STREET ADDRESS 262 LIBERTY STREET
CITY-ST-ZIP SPRINGFIELD MA ☐ DELETE

4 1 TITLE
42 NAME ☐ Change ☐ Addition
43 STREET ADDRESS
44 CITY-ST-ZIP

TITLE VD
NAME IWASAWA, YUSUKE
STREET ADDRESS TOJIKI BLDG 3-10-7, IWAM
CITY-ST-ZIP TOKYO, JAPAN ☒ DELETE

5 1 TITLE
52 NAME ☐ Change ☐ Addition
53 STREET ADDRESS
54 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6 1 TITLE
62 NAME ☐ Change ☐ Addition
63 STREET ADDRESS
64 CITY-ST-ZIP

See Attached
Schedule For Complete
List of Directors

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kevin K. Gordon

KEVIN K. GORDON, VP-FINANCE

3/25/96

860 7490000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (12/95)