FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 AM 10:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25724** **(6)**

1. Corporation Name
POWER PACKAGING, INC.

Principal Place of Business	Mailing Address
525 DUNHAM ROAD ST. CHARLES IL 60174	525 DUNHAM ROAD ST. CHARLES IL 60174

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/23/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business 21: Suite, Apt. #, etc. 22: City & State 23: Zip 24: Country 25:

2a. Mailing Address 26: Suite, Apt. #, etc. 27: City & State 28: Zip 29: Country 30:

4. FEI Number: **36-2643914** ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	FINLEY, JAMES L.	1.2 NAME	GARY HUGGS	
STREET ADDRESS	525 DUNHAM ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	1.4 CITY-ST-ZIP		
TITLE	V	2.1 TITLE		☐ Change ☐ Addition
NAME	JURICIC, RICHARD E.	2.2 NAME		
STREET ADDRESS	525 DUNHAM ROAD	2.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	O'HARA, MICHAEL J.	3.2 NAME		
STREET ADDRESS	525 DUNHAM ROAD	3.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	3.4 CITY-ST-ZIP		
TITLE	T	4.1 TITLE		☐ Change ☐ Addition
NAME	MERIDITH, KENT R.	4.2 NAME		
STREET ADDRESS	525 DUNHAM ROAD	4.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	LEE, CLAUDE K.	5.2 NAME		
STREET ADDRESS	525 DUNHAM ROAD	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	SIMS, WAYNE K.	6.2 NAME		
STREET ADDRESS	525 DUNHAM ROAD	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. CHARLES IL	6.4 CITY-ST-ZIP		

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)(i), 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: _____ 4-18-95 708-377-3838
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0466616 FP