

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P37262

FILED  
Feb 28, 2011  
Secretary of State

**Entity Name:** ASSOCIATED PACKAGING, INC.

**Current Principal Place of Business:**

435 CALVERT DR  
GALLATIN, TN 37066 US

**New Principal Place of Business:**

**Current Mailing Address:**

435 CALVERT DR  
GALLATIN, TN 37066 US

**New Mailing Address:**

**FEI Number:** 62-1018129

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: CEO  
Name: SMITH, JOE R.  
Address: 435 CALVERT DR  
City-St-Zip: GALLATIN, TN 37066

Title: P  
Name: MILLER, KEVIN L  
Address: 435 CALVERT DR  
City-St-Zip: GALLATIN, TN 37066

Title: CCEO  
Name: BRANNON, ROBERT C.  
Address: 435 CALVERT DR  
City-St-Zip: GALLATIN, TN 37066

Title: CCEO  
Name: SMITH, ROY,  
Address: 435 CALVERT DRIVE  
City-St-Zip: GALLATIN, TN 37066 US

Title: CFO  
Name: BOYETTE, MICHAEL A.  
Address: 435 CALVERT DR  
City-St-Zip: GALLATIN, TN 37066

I hereby 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 all other like empowered.

SIGNATURE: ROBERT C. BRANNON

CCEO

02/28/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date