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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P39761 (2)

1. Corporation Name

GENERAL PLASTICS, A DIVISION OF PMC, INC.



Principal Place of Business

12243 BRANFORD ST.
SUN VALLEY CA 91352

Mailing Address

12243 BRANFORD ST.
SUN VALLEY CA 91352

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

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29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 607.06(2) and 607.15(2), 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. This change was authorized by the corporation's board of directors. Thereby, I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.06(2), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

PCD

☐ DELETE

NAME

KAMINS, PHILIP E.

STREET ADDRESS

12243 BRANFORD STREET
SUN VALLEY CA 91352

CITY-STATE-ZIP

TITLE

VST

☐ DELETE

NAME

JOHNSON, LORI M.

STREET ADDRESS

12243 BRANFORD STREET
SUN VALLEY CA 91352

CITY-STATE-ZIP

TITLE

D

☐ DELETE

NAME

JOHNSON, LORI M.

STREET ADDRESS

12243 BRANFORD STREET
SUN VALLEY CA 91352

CITY-STATE-ZIP

TITLE

D

☒ DELETE

NAME

KAMINS, DOROTHY A.

STREET ADDRESS

12243 BRANFORD STREET
SUN VALLEY CA 91352

CITY-STATE-ZIP

TITLE

☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

14. I do hereby certify that the information supplied to this filing is true, correct and complete, and that the information is true and correct 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 person or persons empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or changed, or on an attachment with an address.

SIGNATURE:

Lori M. Johnson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lori M. Johnson 4/3/96 (818) 896-1101

CR2E034 (12/96)