

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P93000049917 (6)

1. Corporation Name

ASSOCIATED PACKAGING ENTERPRISES, INC.

Principal Place of Business

929 STIRLING AVENUE SOUTH
KITCHENER, ONTARIO CANADA N2M3H6

Mailing Address

1. TODD C. VANETT, ESO
2600 ONE COMMERCE SQUARE
PHILADELPHIA PA 19103-7098

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1993

4. FEI Number

65-0424161

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

7. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

61 Name

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

63

64 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	PSD	<input type="checkbox"/> DELETE	1.1 TITLE
NAME	BUFF, CHARLES J		1.2 NAME
STREET ADDRESS	312 SOUTH BEACH ROAD		1.3 STREET ADDRESS
CITY-ST-ZIP	HOBE SOUND FL 33455		1.4 CITY-ST-ZIP
TITLE	VTD	<input type="checkbox"/> DELETE	2.1 TITLE
NAME	DILLENSCHNEIDER, JOHN J		2.2 NAME
STREET ADDRESS	117 WHITE OAK ROAD		2.3 STREET ADDRESS
CITY-ST-ZIP	CHERRY HILL NJ 08034		2.4 CITY-ST-ZIP
TITLE	VO	<input type="checkbox"/> DELETE	3.1 TITLE
NAME	BUFF, GEORGE J III		3.2 NAME
STREET ADDRESS	457 BROWNING LAND		3.3 STREET ADDRESS
CITY-ST-ZIP	CHERRY HILL NJ 08034		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND THINER OR PRINTED NAME OF SIGNER DIRECTED OR DIRECTOR

March 3, 1998 (561) 746-2414

Florida Photo # 052442

CR2E034 (10/97)