2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000049917

Entity Name: ASSOCIATED PACKAGING ENTERPRISES, INC.

FILED Apr 27, 2005 Secretary of State

rincipal Place of Business:

900 S US HIGHWAY ONE 1 DICKINSON DRIVE SUITE 207 SUITE 100

JUPITER, FL 33477 CHADDS FORD, PA 193179664 US

Current Mailing Address: New Mailing Address:

1 E. UWCHLAN AVE. 1 DICKINSON DRIVE

110 SUITE 100 EXTON, PA 19341 CHADDS F

CHADDS FORD, PA 193179664 US

FEI Number: 65-0424161 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD () Delete Title: CEO (X) Change () Addition

 Name:
 BUFF, CHARLES J
 Name:
 STATON, MARK

 Address:
 270 SOUTH BEACH ROAD
 Address:
 1 DICKINSON DRIVE, SUITE 100

City-St-Zip: HOBE SOUND, FL 33455 City-St-Zip: CHADDS FORD, PA 193179664 US

Title: VD () Delete Title: CFO (X) Change () Addition Name: DILLENSCHNEIDER, JOHN J Name: NELSON, THOMAS R

Address: 117 WHITE OAK ROAD Address: 1102 ST. ANNE'S WAY
City-St-Zip: CHERRY HILL, NJ 08034 City-St-Zip: WEST CHESTER, PA 19382 US

Title: ST (X) Delete Title: () Change () Addition

 Name:
 NELSON, THOMAS R
 Name:

 Address:
 1102 ST. ANNES WAY
 Address:

 City-St-Zip:
 WEST CHESTER, PA 19382
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: BRIAN J. FOGARTY CNTR 04/27/2005