2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2009
Secretary of State

DOCUMENT# P93000049917

Entity Name: ASSOCIATED PACKAGING ENTERPRISES, INC.

Current Principal Place of Business:

1 DICKINSON DRIVE
SUITE 100
CHADDS FORD, PA 193179664 US

New Principal Place of Business:

1 DICKINSON DRIVE
SUITE 100
CHADDS FORD, PA 193179665 US

Current Mailing Address:

1 DICKINSON DRIVE
SUITE 100
CHADDS FORD, PA 193179664 US

New Mailing Address:

1 DICKINSON DRIVE
SUITE 100
CHADDS FORD, PA 193179665 US

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

Name and Address of Current Registered Agent:

CT 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete
Name: STATON, MARK
Address: 1 DICKINSON DRIVE, SUITE 100
City-St-Zip: CHADDS FORD, PA 193179664 US

Title: CFO ( ) Delete
Name: NELSON, THOMAS R
Address: 1102 ST. ANNE'S WAY
City-St-Zip: WEST CHESTER, PA 19382 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CEO (X) Change ( ) Addition
Name: STATON, MARK
Address: 1 DICKINSON DRIVE, SUITE 100
City-St-Zip: CHADDS FORD, PA 193179665 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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 CTRL 04/27/2009

Electronic Signature of Signing Officer or Director — Date