

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90078 002 ***150.00

DOCUMENT # **P93000049917**

1. Entity Name

**ASSOCIATED PACKAGING
ENTERPRISES, INC.**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

900 S. US HIGHWAY ONE

Suite, Apt. #, etc.

207

City & State

JUPITER, FL

Zip

33 477

Country

USA

3. Mailing Address

1 E. UNCHLAN AVE.

Suite, Apt. #, etc.

110

City & State

EXTON, PA

Zip

19341

Country

USA

4. FEI Number

65-0424161

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

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

1200 SOUTH PINE ISLAND ROAD

City

PLANTATION

FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
J. CHARLES BUFF
270 SOUTH BEACH ROAD
HOBE SOUND, FL 33455**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VICE-PRESIDENT
JOHN J. DILLEN SCHNEIDER
117 WHITE OAK ROAD
CHERRY HILL, NJ 08034**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY/TREASURER
THOMAS R. NELSON
1102 ST. ANNES WAY
WEST CHESTER, PA 19382**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

THOMAS R. NELSON

3/20/03

Date

484.713.1415

Daytime Phone #

CR2E034B (12/02)

Attachment

80062833
P93000049917
APT ASSOCIATED
PACKAGING
TECHNOLOGIES

January 1, 2003

Attention-Vendor:

Beginning February 1, 2003, please remit all invoices for payment to our Corporate Headquarters address:

Associated Packaging Technologies
1 E. Uwchan Avenue
Suite 110
Exton, PA 19341

Attention: Accounts Payable

Phone: 484-713-1416

Fax: 484-713-1409

Thank you for your cooperation.

Sincerely,

Accounting Department