

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90021 017 ***150.00

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1. Entity Name

FLORIDA ENVELOPE MANUFACTURING CORPORATION



Principal Place of Business

9208 PALM RIVER RD
STE 302
TAMPA, FL 33619 US

Mailing Address

C/O GRIFFITH & JACOBSON, LLC
55 W MONROE, SUITE 3550
CHICAGO, IL 60603 US

DO NOT WRITE IN THIS SPACE



01282004 No Chg-P CR2E034 (10/03)

4. FEI Number

59-3232948

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION, FL 33324

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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

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DP
NAME BURGESS, HARLAN H
STREET ADDRESS 301 ARTHUR CT.
CITY-ST-ZIP BENSENVILLE, IL

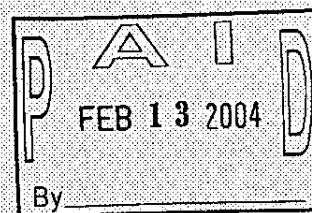
TITLE DVP
NAME ECKAUS, RICHARD
STREET ADDRESS 301 ARTHUR CT
CITY-ST-ZIP BENSENVILLE, IL

TITLE S
NAME SEROKA, KENNETH
STREET ADDRESS 301 ARTHUR COURT
CITY-ST-ZIP BENSENVILLE, IL 60106

TITLE T
NAME NICKELL, DAVID
STREET ADDRESS 301 ARTHUR COURT
CITY-ST-ZIP BENSENVILLE, IL 60106

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



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IN THIS SPACE**

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Kenn Seroka
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/9/04 (630)616-2750
Date Daytime Phone #