FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000023859 (9)**

1. Corporation Name

AMERICAN PROMOTIONAL PACKAGING, INC.

Principal Place of Business

THE FALLS AT SAWGRASS
1300 SAWGRASS VILLAGE CIR. SUITE 23
PONTE VEDRA BEACH FL 32082

Mailing Address

THE FALLS AT SAWGRASS
1300 SAWGRASS VILLAGE CIR. SUITE 23
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified: **03/29/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business
21 1120 Ave of Americas
22 Suite, Apt. #, etc. 4th Floor
23 City & State: NY, NY
24 Zip: 10036 Country: 25

2a. Mailing Address
26 1120 Ave of Americas
27 Suite, Apt. #, etc. 4th Floor
28 City & State: NY
29 Zip: 10036 Country: 30

4. FEI Number: **59-3236748** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name: CT CORPORATION SYSTEM
82 Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation **FL** 85 Zip Code: 33324

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 _____ DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C MCCLURE, THOMAS 410 ROSEWOOD LANE MALVERN PA 19355	☒ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LEO, FRANK 44 MINEBROOK LN. COLTS NECK NJ 07722	☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V SEVERINO, JOSEPH D 148 RIDGEVIEW PLACE BOONTON NJ 07005	☐ DELETE	VST	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST MCCLURE, CYNTHIA A 410 ROSEWOOD LANE MALVERN PA 19355	☒ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied on this report is complete and accurate and 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 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 above, or on an attachment with an address.

SIGNATURE: Joseph D. Severino Jr. 5/1/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE

JOSEPH D. SEVERINO, JR. Vice President 212-626-6655
TYPED OR PRINTED TITLE OF SIGNING OFFICER OR DIRECTOR DAYTIME TELEPHONE NUMBER