

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90196 006 \*\*\*150.00

**60030321**



04272006 Chg-P CR2E034 (11/05)

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # P97000102320</b><br>1. Entity Name<br><b>PROPLASTIX INTERNATIONAL, INC.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| Principal Place of Business<br><b>861 N HERCULES AVE<br/>CLEARWATER, FL 33765</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                 |                                                                                                                        | Mailing Address<br><b>861 N HERCULES AVE<br/>CLEARWATER, FL 33765</b>                                                                                                                                                                 |                                                                                                                                                         |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                 | 3. Mailing Address                                                                                                     |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                 | Suite, Apt. #, etc.                                                                                                    |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 | City & State                                                                                                           |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Country                                                                                                         | Zip                                                                                                                    | Country                                                                                                                                                                                                                               | 4. FEI Number<br><b>59-3480508</b>                                                                                                                      |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                         |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CT CORPORATION SYSTEM<br/>1200 SOUTH PINE ISLAND RD<br/>PLANTATION, FL 33324</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                        | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |                                                                                                                                                         |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>After May 1, 2008 Fee will be \$550.00</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                 | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| 10. OFFICERS AND DIRECTORS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                 |                                                                                                                        | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11                                                                                                                                                                                 |                                                                                                                                                         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DS<br/>GUTHRIE, SARAH W<br/>861 N HERCULES AVE<br/>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete  |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DP<br/>POPPLETON, JAY K<br/>861 N HERCULES AVE<br/>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete  |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>DCEO<br/>DESOTO, PETER<br/>861 N HERCULES AVE<br/>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete   |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <b>VPF<br/>FASENMYER, JANET<br/>861 N HERCULES AVE<br/>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                       |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <b>SR-VP<br/>Jeffrey Paradise<br/>650 W. Market St<br/>Gratz, PA 17030</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | <input type="checkbox"/> Delete                                                                                 |                                                                                                                        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP                                                                                                                                                                                    | <b>See attached List</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition                                                   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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. |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
| <b>SIGNATURE:</b> _____<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       |                                                                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                 |                                                                                                                        |                                                                                                                                                                                                                                       | Date _____ Daytime Phone # _____                                                                                                                        |  |

COMPANY NAME

ProPlastix International, Inc.

FEIN

59-3480508

NAME

Pete DeSoto  
Sarah Walker Guthrie  
Jay K. Poppleton  
Jeffrey R. Paradise  
Eugene Buffington  
John Sirowitz  
Jay K. Poppleton  
Sarah Walker Guthrie  
Jay K. Poppleton  
Janet L. Fassenmyer  
Janet L. Fassenmyer  
Linda M. Bechtel

TITLE

CEO  
Chairman  
President  
Sr. VP of Operations  
VP of Operations/General Manager  
VP of Operations  
Treasurer  
Secretary  
Asst Secretary  
Asst Secretary  
Vice President of Finance  
Asst Secretary

ADDRESS

861 N Hercules Ave Clearwater, FL 33765  
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861 N Hercules Ave Clearwater, FL 33765  
650 W Market St Gratz, PA 17030  
1519 Route 209 Millersburg, PA 17061  
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861 N Hercules Ave Clearwater, FL 33765  
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861 N Hercules Ave Clearwater, FL 33765  
650 W Market St Gratz, PA 17030

ATTACHMENT

60030321

#P97060102320