2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900005242

1. Entity Name

THE PAIGE COMPANY CONTAINERS, INC.



FILED Mar 17, 2003 8:00 am Secretary of State

03-17-2003 90712 025 ***150.00

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS								
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City & State City & State City	2. Principal Place of Business		3. Mailing Address					
Zip Country Zip Country S. Certificate of Status Desired september septemb	Suite, Apt. #, etc.		Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES			
E. Name and Address of Current Registered Agent TALLAHASSEE Ft. 32301-2525 City City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City FL Zip Code City City FL Zip Code City FL Zip Code City City FL Zip Code City	·		City & State		4. FEI Number 22-3036922			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City FL Zip Col- City FL Zip	Zip		'	Country	5. Certificate of Status Desired	\$8.75 Ac	ditional	
TALLAHASSEE FL 32301-2525 City FL ZIP Code Cit		6. Name and Address of Currer	ıt Registered Agent		7. Name and Address of New Registered	Agent		
Stroet Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FI, 32301-2525 6. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Syntaxs, typed or printed named ineligibles of spent and use if applicative. Part Application of the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE STREAM (NOW)!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Plorida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TILE UNIVERS ALLAN 2000 LINWOOD AVENUE FORT LEE NJ 07024 PORSA, EDWARD HUGO SIREET ALORESS FORT LEE NJ 07024 PORSA, EDWARD HUGO SIREET ALORESS SIREE	CORPOR	ATION SERVICE COMPANY		Name				
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 farmillar with, and accept the obligations of registered agent. Signature Signature, typed or printed name of implated agent and title 8 applicable. PNOTE: Registered Agent agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligations of registered agent, or both, in the State of Florida. I am farmillar with, and accept the obligation of the State of Florida agent, or both, in the State of Florida. I am farmillar with, and accept the Addition of Florida agent and the 8 application. State of Florida Agent agent and the 8 application. Post of Florida Agent agent and accept the Addition of Florida agent accept the Addition of Florida agent accept the Addition of Florida agent accept the A	1201 HAYS STREET			Street Addres	Street Address (P.O. Box Number is Not Acceptable)			
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Symble Project or private cameral completed cameral completed segent and titled if applicable. NOVIET Registered Agent signature required when reincatisangs) DATE	8. The above the obliga	e named entity submits this statement tions of registered agent.	for the purpose of changing its	registered office or regis	stered agent, or both, in the State of Florida. I am	familiar with,	and accept	
After May 1, 2003 Fee will be \$550.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10.	SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NOT)	Registered Anent signature regi	urad when reinstation	<u></u>		
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		ertify that the information supplied with	this filling does for qualify fac-		Postion 110 07(0)() 51 11 0			

The Boy Certify Hat the Information Supplied with this filling does not quality 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 treatee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if the corporation of the corporation or the receiver or treatee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/03

201-461-7800

Daytime Phone

CR2E034 (10/02)