


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2007 08:00 AM
Secretary of State

DOCUMENT # F99000005242
 1. Entity Name
 THE PAIGE COMPANY CONTAINERS, INC.



Principal Place of Business Mailing Address
 400 KELBY STREET 400 KELBY STREET
 FORT LEE, NJ 07024 FORT LEE, NJ 07024



02202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
 22-3036922 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE, FL 32301-2525

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-appointing)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LEVINE, ALLAN PRESIDE
STREET ADDRESS	2000 LINWOOD AVENUE
CITY-ST-ZIP	FORT LEE, NJ 07024
TITLE	V-P
NAME	LEVINE, MICHAEL V-PRES
STREET ADDRESS	4000 LINWOOD AVE
CITY-ST-ZIP	FORT LEE, NJ 07024
TITLE	SEC
NAME	CHAZIN, JONATHAN SECRETA
STREET ADDRESS	30 AVE AT PORT IMPERIAL #413
CITY-ST-ZIP	WEST NEW YORK, NJ 07093
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 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 or without other like empowered.

SIGNATURE: X Allan Levine Date: 3/19/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #