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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # **811893** **(7)**

1. Corporation Name
DART INDUSTRIES, INC.

Principal Place of Business	Mailing Address
TUPPERWARE HEADQUARTERS ATTN: TAX DEPT. 14901 S. ORANGE BLOSSOM TR. ORLANDO FL 32837	TUPPERWARE HEADQUARTERS ATTN: TAX DEPT. 14901 S. ORANGE BLOSSOM TR. ORLANDO FL 32837-8600

3. Date Incorporated or Qualified: 05/04/1957
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

4. FEI Number: 95-1455570 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 (Signature(s) required for the current name of registered agent and box 10 if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	GOINGS, E. V.		1.2 NAME	E.V. Goings	
STREET ADDRESS	1717 DEERFIELD RD.		1.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP	DEERFIELD IL		1.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	FPD	XX DELETE	2.1 TITLE	VP	☐ Change ☒ Addition
NAME	BARBOSA, RAYMOND		2.2 NAME	James E. Rose, Jr.	
STREET ADDRESS	1717 DEERFIELD RD.		2.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP	DEERFIELD IL		2.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	VP	XX DELETE	3.1 TITLE	VP	☐ Change ☒ Addition
NAME	THOMPSON, PATRICIA A		3.2 NAME	Mark H. Bobek	
STREET ADDRESS	1717 DEERFIELD RD.		3.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP	DEERFIELD IL		3.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	VP	☐ DELETE	4.1 TITLE	VP	XX Change ☐ Addition
NAME	LISEC, RICHARD		4.2 NAME	Richard A. Lisec	
STREET ADDRESS	1717 DEERFIELD RD.		4.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP	DEERFIELD IL		4.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE	S	☐ DELETE	5.1 TITLE	S.	XX Change ☐ Addition
NAME	ROEHLK, THOMAS M.		5.2 NAME	Thomas M. Roehlk	
STREET ADDRESS	1717 DEERFIELD RD.		5.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP	DEERFIELD IL		5.4 CITY-ST-ZIP	Orlando, FL 32837	
TITLE		☐ DELETE	6.1 TITLE	VP/S	☐ Change ☒ Addition
NAME			6.2 NAME	Charles L. Dunlap	
STREET ADDRESS			6.3 STREET ADDRESS	14901 S. Orange Blossom Tr.	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Orlando, FL 32837	

CR2E034 (9/96)

14. I do 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 annual 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 if changed or on an attachment with an address.

SIGNATURE: Richard A. Lisec 3/20/97 407-826-8451

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #