## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT#811893** 

Entity Name: DART INDUSTRIES, INC.

FILED Mar 12, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
TUPPERWARE HEADQUARTERS ATTN: TAX DEPT. 14901 S. ORANGE BLOSSOM TR. ORLANDO, FL 32837						
Current Mailing Address:				New Mailing Address:		
PO BOX 2353 ORLANDO, FL 328022353						
FEI Number: 95-1455570 FEI Number Applied For ( ) FEI Nu			FEI Numbe	mber Not Applicable ( ) Certificate of Status Desired ( )		
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324 US						
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.						
SIGNATURE:						
Electronic Signature of Registered Agent					Date	
Election Can	npaign Financing	Trust Fund Contribution ( ).				
OFFICERS AND DIRECTORS:			А	DDITION	S/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DRAKE, GLENN	SE BLOSSOM TRL.	Na Ad	tle: ame: ldress: ty-St-Zip:	P (X) Change ( ) Addition GOINGS, E.V. 14901 S ORANGE BLOSSOM TRL. ORLANDO, FL 32837	
Title: Name: Address: City-St-Zip:	GARCIA, LILLIA	SE BLOSSOM TRAIL	Na Ad	tle: ame: ldress: ty-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	JONES, KEVIN I	Delete < SE LOSSOM TRAIL	Na Ad	tle: ame: ldress: ty-St-Zip:	AS (X) Change ( ) Addition SLAPPEY, BRYAN J 14901 S ORANGE BLOSSOM TRAIL ORALNDO, FL	
Title: Name: Address: City-St-Zip:	ROEHLK, THOM	Delete IAS M., SE BLOSSO, TRAIL	Na Ad	tle: ame: ldress: ty-St-Zip:	VPS (X) Change ( ) Addition ROEHLK, THOMAS M., 14901 S ORANGE BLOSSOM TRAIL ORLANDO, FL	
Title: Name: Address: City-St-Zip:	DAVIS, EDWAR	SE BLOSSOM TRL.	Na Ad	tle: ame: ldress: ty-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GOINGS, EV	Delete GE BLOOSOM TRAIL 32837	Na Ad	tle: ame: ldress: ty-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRYAN J. SLAPPEY AS 03/12/2008