FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 MAR -3 PM 3:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 822000 (6)

1. Corporation Name

SMITH CONTAINER CORPORATION

Principal Place of Business	Mailing Address
3500 BROWNS MILL ROAD S.E. BOX 82566 ATLANTA GA 30354	3500 BROWNS MILL ROAD S.E. BOX 82566 ATLANTA GA 30354

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/24/1968

3a. Date of Last Report: 07/12/1994

2. Principal Place of Business — 21

2a. Mailing Address — 26

4. FEI Number: 58-0684254 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. — 22

Suite, Apt. #, etc. — 27

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

City & State — 23

City & State — 28

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

Zip — 24 Country — 25

Zip — 29 Country — 30

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

LONG, MICHAEL J.
5810 BRECKENRIDGE PKWY
SUITE D
TAMPA FL 33687

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 _____ DATE
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	STEINMARK, STUART, R	1.2 NAME	
STREET ADDRESS	112 BOWLINE CIRCLE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, WILLIAM L.	2.2 NAME	
STREET ADDRESS	7956 WOODLAKE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	RIVERDALE GA	2.4 CITY-ST-ZIP	
TITLE	VD	3.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, ANNE B	3.2 NAME	
STREET ADDRESS	1232 PASADENA AVE NE	3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	☐ Change ☐ Addition
NAME	SMITH, MYRON L	4.2 NAME	
STREET ADDRESS	1225 OLD WOODBINE RD NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	PT	5.1 TITLE	☐ Change ☐ Addition
NAME	SMITH,HARRIS A	5.2 NAME	
STREET ADDRESS	99 DUNWOODY SPRGS DR	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	STEINMARK, PHYLLIS S.	6.2 NAME	
STREET ADDRESS	112 BOWLINE CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Stuart R Steinmark 2/28/95 4047688725
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

03000527 FP