

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 822000 (6)
1. Corporation Name
SMITH CONTAINER CORPORATION



Principal Place of Business: **3500 BROWNS MILL ROAD S.E. BOX 82566 ATLANTA GA 30054**
Mailing Address: **3500 BROWNS MILL ROAD S.E. BOX 82566 ATLANTA GA 30054**

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

| | |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 3. Date Incorporated or Qualified 10/24/1968 | 3a. Date of Last Report 03/03/1995 |
| 4. FEI Number 58-0684254 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|-----------------------------------------------------------------------------------|--|--|--|----------------------------------------------|----------------------------------------------------|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LONG, MICHAEL J. 5810 BRECKENRIDGE PKWY SUITE D TAMPA FL 33687 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | | |
| | | | | 85 | Zip Code FL | | |

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

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--------------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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 | <input type="checkbox"/> Change <input type="checkbox"/> 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)(k), 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 Steinmark*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
STUART R. STEINMARK
Date: **5/8/96** Daytime Phone #: **404-768-8725**

CR2E034 (12/95)