

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90300 043 ***158.75

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SMITH CONTAINER CORPORATION				
Principal Place of Business	Mailing Address		- I LEBARK IB:120 1:80.8 11817 09111 68411 8611 01811 018	JI DIDI USULI BINIE UJUS 1001
260 SOUTHFIELD PKWY BOX 82565 FOREST PARK GA 60297 520 30297-2520	PO BOX 1827 BOX 02366 POREST PARK GA 30298-827- 18	a 7	DO NOT WRITE IN THIS SPACE	
US - It has been seen as the s	US US	-1 ,	3. Date Incorporated or Qualifed 10/24/1968	
2. Principal Place of Business	2a. Mailing Address	10.00	4. FEI Number	Applied For
21 260 Southfield Pkwy	26 PO Box 1827		58-0684254	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State 23 Forest Park GA	City & State Park GI	A	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 30297.25 20 25 U 5	Zip Coun 29 30298-1827 30 U	try (S	1 Clabilar reporty Taxii	Yes No
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent
LONG, MICHAEL J		81 Name 82 Street Addre 83	ss (P.O. Box Number is Not Acceptable)	<u>.</u>
11. Pursuant to the provisions of Sections 607 0502	ļ	84 City	FL ration submits this statement for the purpose of c	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 registere 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. ☐ Addition Change □ DELETE 1.1 TITLE TITLE NAME STEINMARK, STUART, R 1.2 NAME STATES TO THE OF 112 BOWLINE CIRCLE 1.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 1.4 CITY-ST-ZIP CITY-ST-ZIP. Change Addition DELETE 2.1 TITLE TITLE MOORE, WILLIAM L. NAME 7956 WOODLAKE DR. 2.3 STREET ADDRESS STREET ADDRESS RIVERDALE GA 2. 4 CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE NAME SMITH, ANNE B 3.2 NAME 1232 PASADENA AVE. NE 🗇 3.3 STREET ADDRESS STREET ADDRESS ATLANTA GA 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME SMITH, MYRON L 1225 OLD WOODBINE RD NE STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP atlanta ga 4.4 CITY-ST-ZIP ☐ Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME SMITH, HARRIS A NAME 5.3 STREET ADDRESS 99 DUNWOODY SPRGS DR STREET ADDRESS 5.4 CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP Change ☐ Addition 6.1 TITLE □ DELETE TITLE 6.2 NAME STEINMARK, PHYLLIS S. NAME 6.3 STREET ADDRESS 112 BOWLINE CIRCLE STREET ADDRESS ATLANTA GA

14. I 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, with all other like empowered.

SIGNATURE:

Many Stalf Mgr. Jeh Wice 3

1-5-99

404-615-3770

Daytime Phone

CR2E034 (11/98)