2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # 822000** 1. Entity Name SMITH CONTAINER CORPORATION 01-29-2001 90172 041 ***158.75 Principal Place of Business Mailing Address 260 SOUTHFIELD PKWY PO BOX 1827 FOREST PARK GA 30298-927 1827 FOREST PARK GA 30297-2520 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 58-0684254 Not Applicable Zip . Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LONG, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 201-B KELSEY LANE **TAMPA FL 33619** City Zip Code FL 8. 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change STEINMARK, STUART, R NAME NAME STREET ADDRESS 112 BOWLINE CIRCLE STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MOORE, WILLIAM L. NAME NAME STREET ADDRESS 7956 WOODLAKE DR. STREET ADDRESS CITY-ST-ZIP RIVERDALE GA CITY-ST-ZIP VS----TITLE ☐ Delete TITLE Change ☐ Addition SMITH, MYRON L NAME NAME 1225 OLD WOODBINE RD NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition SMITH.HARRIS A NAME NAME STREET ADDRESS 99 DUNWOODY SPRGS DR STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition STEINMARK, PHYLLIS S. NAME NAME 112 BOWLINE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: