## FILE ON OR BEFORE DECEMBER 31, 1997 OR PARTNERSHIP WILL BE SUBJECT TO REVOCATION AND \$500 PENALTY FEE

LIMITED PARTNERSHIP **ANNUAL REPORT** 1998



GRAHAM PACKAGING COMPANY - LIMITED PARTNERSHIP

empowered to execute this report as required by chapter 620, Florida S

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

1. Name of Limited Partnership

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				E-29711
alling Address	Principal Office Address		3, Date Formed or Registered	5a. Capital Contributions as Shown on record
1420 SIXTH AVENUE YORK PA 17405-1104	1420 SIXTH AVENUE YORK PA 17405-1104		06/12/1989	
			3a. Date of Last Report	\$7,400,000.00
			01/10/1997	5b. Amount of Capital Contributions in FLORIDA
2. Malling Address	2a. Principal Office Address		4. State or Country of Formation	to date:
			PA PA	550,201
uite, Apt. #, etc.	Suite, Apt. #, etc.		6, FEI Number	Applied For
ity & State	City & State	4 /	23-2553000	☐ Not Applicable
p Country	Zip Country		7. Certificate of Status Desired	\$8.75 Additional Fee Required
			8. Make check payable to: Dept.	of State (See reverse side for fee inform
9. Name and Address of Current Registered Agent		10. If changed, new Registered Agent/Office		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD		Name		
		Stroot Address (P.O. Box Number is Not Acceptable)		
	Suite, Apt		#, etc.	
PLANTATION FL 33324		Suite, Apt #, et	<b>.</b>	
PLANTATION FL 33324  Oa. Pursuant to the provisions of sections 620.10	51 and 620, 192, Florida Statutes, the above-na ce or registered agent, or both, in the State of galions of section 620, 192, Florida Statutes.	City med limited partnersh	p organized or registered under the laws o	
PLANTATION FL 33324      Oa. Pursuant to the provisions of sections 6:20.10 for the purpose of changing its registered off agent. I am familiar with, and accept the obtain IGNATURE (Registered Agent Accepting Appointme	ce or registered agent, or both, in the State of lipations of section 620, 192, Florida Statutes.  AT IS A CORPORATION,	City med limited partnersh florida. Such change	p organized or registered under the laws o vas authorized by its general partner(s). I h DAT ARTNERSHIP OR OTH	FL the State of Florida, submits this states croby accept the appointment of regist
PLANTATION FL 33324  Oa. Pursuant to the provisions of sections 6:20.10 for the purpose of changing its registered off agent. I am familiar with, and accept the obliging MATURE (Registered Agent Accepting Appointme  A GENERAL PARTNER TH	ce or registered agent, or both, in the State of ligations of section 620, 192, Florida Statutes.  AT IS A CORPORATION, UST BE REGISTERED A	Cily med limited partnersh florida. Such change LIMITED P. ND ACTIVE	p organized or registered under the laws of vas authorized by its general partner(s). I h DAT ARTNERSHIP OR OTH WITH THIS OFFICE.	FL I the State of Florida, submits this status creby accept the appointment of regist  E _ ER BUSINESS ENTIT  Ategistration/
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Typed or Printed Name of General Partner Signing Form John E. Hamilton, Vice President of Daytone Telephone Number (717) 849-4011