

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000006897 (0)
 1. Corporation Name
CROWN CORK & SEAL COMPANY (USA), INC.



Principal Place of Business ONE CROWN WAY PHILADELPHIA PA 19154-4599 US	Mailing Address ONE CROWN WAY PHILADELPHIA PA 19154-4599 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/31/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 23-2869494	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Name and Address of Current Registered Agent				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			10. Name and Address of New Registered Agent		
81. Name			82. Street Address (P.O. Box Number is Not Acceptable)		
83.			84. City		
			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD CONWAY, JOHN W	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CROWN WAY	1.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DCFO RUTHERFORD, ALAN W	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CROWN WAY	2.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DVS KRZYZANOWSKI, RICHARD L	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CROWN WAY	3.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	VT CALLE, CRAIG	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CROWN WAY	4.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	AS GALLAGHER, WILLIAM	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CROWN WAY	5.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	AT BURNS, MICHAEL B	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ONE CROWN WAY	6.2 NAME	
STREET ADDRESS	PHILADELPHIA PA	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Michael B. Burns* 1-22-98 (215) 698-5340

CR2E034 (10/97)