

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000000126

FILED
Apr 20, 2011
Secretary of State

Entity Name: ANCHOR GLASS CONTAINER CORPORATION

Current Principal Place of Business:

401 E. JACKSON STREET
STE 2800
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

401 E. JACKSON STREET
STE 2800
TAMPA, FL 33602 US

New Mailing Address:

FEI Number: 59-3417812 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: VPS
Name: WARNER, JAMES P
Address: 401 JACKSON STREET, STE 2800
City-St-Zip: TAMPA, FL 33602

Title: CEO
Name: FREDLAKE, JAMES J CEO-DIR
Address: 401 E JACKSON STREET STE 2800
City-St-Zip: TAMPA, FL 33602

Title: CFO
Name: KENNETH, WILKES G CFO
Address: 401 E JACKSON STREET STE 2800
City-St-Zip: TAMPA, FL 33602

Title: DIR
Name: CONTINENZA, JAMES
Address: 401 E JACKSON STREET STE 2800
City-St-Zip: TAMPA, FL 33602

Title: DIR
Name: DAVIS, EUGENE I
Address: 401 E JACKSON STREET STE 2800
City-St-Zip: TAMPA, FL 33602

Title: DIR
Name: FOLEY, JOHN E
Address: 401 E JACKSON STREET STE 2800
City-St-Zip: TAMPA, FL 33602

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KENNETH G WILKES

CFO

04/20/2011

_____ Electronic Signature of Signing Officer or Director

_____ Date