

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Aug 19 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # F97000000942 (9)

1. Corporation Name  
 SCHMALBAOH-LUBECA PLASTIC CONTAINERS USA, INC.



Principal Place of Business: ~~1101 31 ST ST~~ DOWNERS GROVE IL 60515  
 Mailing Address: ~~1101 31 ST ST~~ DOWNERS GROVE IL 60515

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1997  
 4. FEI Number: 38-4126680  
 5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business: 21 10521 CITY ROAD  
 Suite, Apt. #, etc.: 22  
 City & State: 23 MANCHESTER, MI  
 Zip: 24 48158 Country: 25 USA  
 2a. Mailing Address: 26 10521 CITY ROAD  
 Suite, Apt. #, etc.: 27  
 City & State: 28 MANCHESTER, MI  
 Zip: 29 48158 Country: 30 USA

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 FL 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

TITLE	D	FIELDER, HANNO C	<input type="checkbox"/> DELETE
NAME		KAISERSWERTHER STRASSE 115	
STREET ADDRESS		D-40880 RATINGEN, GERMANY	
CITY-ST-ZIP			
TITLE	D	HENDERSEON, JAN MAARTEN C	<input type="checkbox"/> DELETE
NAME		KAISERSWERTHER STRASSE 115	
STREET ADDRESS		D-40880 RATINGEN, GERMANY	
CITY-ST-ZIP			
TITLE	D	VON DIEMAR, OTHMAR C	<input type="checkbox"/> DELETE
NAME		KAISERSWERTHER STRASSE 115	
STREET ADDRESS		D-40880 RATINGEN, GERMANY	
CITY-ST-ZIP			
TITLE	VCFO	MOREFIELD, MICHAEL T	<input checked="" type="checkbox"/> DELETE
NAME		1101 31 ST ST	
STREET ADDRESS		DOWNERS GROVE IL 60515	
CITY-ST-ZIP			
TITLE	S	SAUERMILCH, THOMAS	<input checked="" type="checkbox"/> DELETE
NAME		50 ROCKEFELLER PLAZA	
STREET ADDRESS		NY NY 10020	
CITY-ST-ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	FIEDLER, HANNO C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	D	HENDERSON, JAN MAARTEN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE	D	VON DIEMAR, OTHMAR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE	VCFO	WESTWOOD, WILLIAM J	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	S	MCELIEA, JAMES M.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		1101 31 <sup>ST</sup> ST	
5.3 STREET ADDRESS		DOWNERS GROVE, IL 60515	
5.4 CITY-ST-ZIP			
6.1 TITLE	P	BURKE, WILLIAM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		10521 CITY ROAD	
6.3 STREET ADDRESS		MANCHESTER, MI 48158	
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: \_\_\_\_\_ 7/23/98 734 428 46 TV

CR2E034 (5/98)