

# 2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # F97000000942

1. Entity Name  
AMCOR PET PACKAGING USA, INC.



FILED

05 DEC -5 PM 2:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10072005 REIN-P CR2E098 (6/04)

4. FEI Number  
36-4126680

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

## 6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324

## 7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

**BARBARA A. BORK**

**SPECIAL ASSISTANT SECRETARY**

SIGNATURE

*Barbara A Bork*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

11-1-05

DATE

**FILE NOW!!! FEE IS \$150.00**

**After January 1, 2006, Fee will be \$300.00**

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## 10. OFFICERS AND DIRECTORS

TITLE VCFO ☒ Delete  
NAME WESTWOOD, WILLIAM J  
STREET ADDRESS 10521 HIGHWAY, M-52  
CITY-ST-ZIP MANCHESTER, MI 48158

TITLE S ☐ Delete  
NAME MCELYEA, JAMES M  
STREET ADDRESS 10521 HIGHWAY M-52  
CITY-ST-ZIP MANCHESTER, MI 48158

TITLE PD ☐ Delete  
NAME LONG, WILLIAM J  
STREET ADDRESS 10521 HIGHWAY M-52  
CITY-ST-ZIP MANCHESTER, MI 48158

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VCFO ☐ Change ☒ Addition  
NAME Weber, Larry  
STREET ADDRESS 10521 HIGHWAY, M-52  
CITY-ST-ZIP MANCHESTER, MI 48158

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*James M. McElyea* SECRETARY JAMES M. MCELYEA

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

10/10/05 734-302-2276

Daytime Phone #