

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Sep 11, 2003 8:00 am**  
**Secretary of State**

09-11-2003 90079 030 \*\*\*550.00

0187813 FP

**DOCUMENT # F97000000942**



1. Entity Name  
**AMCOR PET PACKAGING USA, INC.**

Principal Place of Business  
**10521 HIGHWAY, M-52  
MANCHESTER MI 48158  
US**

Mailing Address  
**10521 HIGHWAY, M-52  
MANCHESTER MI 48158  
US**



2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

CHECK HERE IF MAKING CHANGES

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D FIEDLER, HANNO KAISERSWERTHER STRASSE 115 D-40880 RATINGEN, GERMANY</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOSING, GEORGE KAISERSWERTHER STRASSE 115 D-40880 RATINGEN, GERMANY</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D VON DIEMAR, OTHMAR KAISERSWERTHER STRASSE 115 D-40880 RATINGEN, GERMANY</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VCFO WESTWOOD, WILLIAM J 10521 HIGHWAY, M-52 MANCHESTER MI 48158</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S MCELYEA, JAMES M 1140 31ST STREET DOWNERS GROVE IL 60516</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10521 Highway M-52 Manchester, MI 48158</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD LONG, WILLIAM J 10521 CITY ROAD MANCHESTER MI 48158</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>10521 Highway M-52 Manchester, MI 48158</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: SIGNEE **QUINCY DORIAUX** 9/2/03 (734) 428-9741  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)

Attachment

80147419

797000000 942

**AMCOR PET PACKAGING**

NORTH AMERICA

**Corporation Annual Report  
Officers & Directors**

<b>Officers</b>	<b>Title</b>	<b>Address</b>	
William J. Long SS#153-50-8097	President Chief Executive Officer	10521 S. Highway M-52 Manchester, MI 48158	
Jan Moriaux SS#362-23-1690	Controller Assistant Treasurer	10521 S. Highway M-52 Manchester, MI 48158	
William J. Westwood SS#385-21-4221	Vice President Finance Chief Financial Officer Treasurer Assistant Secretary	10521 S. Highway M-52 Manchester, MI 48158	
James M. McElyea SS#094-36-1615	Vice President General Counsel Secretary	10521 S. Highway M-52 Manchester, MI 48158	
<b>Directors</b>			
Robert D. Picken SS#300-44-6870	Director	10521 S. Highway M-52 Manchester, MI 48158	
William J. Long	Director	10521 S. Highway M-52 Manchester, MI 48158	
William J. Westwood	Director	10521 S. Highway M-52 Manchester, MI 48158	