

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 05, 2002 8:00 am**  
**Secretary of State**

02-05-2002 90115 030 \*\*\*\*50.00

**DOCUMENT # M99000001000**

1. Entity Name  
**CONSOLIDATED CONTAINER COMPANY LLC**

Principal Place of Business  
**5605 N. MACARTHUR BLVD., STE. 360**  
**IRVING TX 75039**

Mailing Address  
**5605 N. MACARTHUR BLVD., STE. 360**  
**IRVING TX 75039**

2. Principal Place of Business  
**3101 TOWER CREEK PKWY**  
 Suite, Apt. #, etc.

3. Mailing Address  
**10861 Mill Valley Rd**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State  
**ATLANTA GA**

City & State  
**OMAHA, NE**

4. FEI Number **75-2825338**

Applied For  
 Not Applicable

Zip **30339** Country

Zip **68154** Country

5. Certificate of Status Desired  **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

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

Name **CT CORPORATION - Systems**  
 Street Address (P.O. Box Number is Not Acceptable)  
**1200 S. Pine Island Rd**  
 City **PLANTATION FL** Zip Code **33324**

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.

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

TITLE	<b>MGRM</b> <input type="checkbox"/> Delete
NAME	<b>CONSOLIDATED CONTAINER HOLDINGS LLC</b>
STREET ADDRESS	<b>2515 MCKINNEY AVENUE, SUITE 850</b>
CITY-ST-ZIP	<b>DALLAS TX 75201</b>
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SEE ATTACHED</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: **Kris K. Lindgren** **1/18/02** **(402) 934-2400**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)

Attachment  
918171

#M99000001000

**LIST OF OFFICERS  
CONSOLIDATED CONTAINER COMPANY LLC  
FED # 75-2825338**

NAME	TITLE	ADDRESS	% OWNED	SSN #	PHONE #
CARTER, HENRY	EXEC. VP OF SALES & MKG	2604 NOTRE DAME PLANO, TX 75093	0%	318-40-1207	972 473-6565
STULMAN, DAVID	VP OF HUMAN RESOURCES	4 CROWNWOOD COURT DALLAS, TX 75225	0%	212-48-5005	214 696-9609
LINDGREN, KRIS	CONTROLLER	16615 CAPITOL PLZ #4 OMAHA, NE 68118			