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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **856482** (5)

1. Corporation Name
ANCHOR GLASS CONTAINER CORPORATION

Principal Place of Business	Mailing Address
ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-4513	ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-7537

3. Date Incorporated or Qualified: 05/18/1983
3a. Date of Last Report: 02/06/1996

2. Principal Place of Business
21 2701 N.Rocky Point Dr.
Suite, Apt. #, etc.
22 Suite 1120
City & State
23 Tampa, FL
Zip 24 33607 Country 25 USA

2a. Mailing Address
26 2701 N.Rocky Point Dr.
Suite, Apt. #, etc.
27 1120
City & State
28 Tampa, FL
Zip 29 33607 Country 30 USA

4. FEI Number: 22-2452609 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when name stating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	BOROWSKY, KURT T.		1.2 NAME	Robert M. McGrew	
STREET ADDRESS	330 SOUTH ST.		1.3 STREET ADDRESS	2701 N.Rocky Point Dr. Ste. 1120	
CITY-ST-ZIP	MORRISTOWN NJ		1.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	PD	☒ DELETE	2.1 TITLE	CFO	☒ Change ☐ Addition
NAME	MALONE, JAMES R.		2.2 NAME	Mark Stickel	
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY		2.3 STREET ADDRESS	2701 N.Rocky Point Dr. Ste. 1120	
CITY-ST-ZIP	TAMPA FL		2.4 CITY-ST-ZIP	Tampa, FL 33607	
TITLE	V	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KIRK, MARK		3.2 NAME		
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY		3.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		3.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	SMITH, JAMES H.		4.2 NAME		
STREET ADDRESS	4343 ANCHOR PLAZA PKWY		4.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		4.4 CITY-ST-ZIP		
TITLE	VS	☒ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	YOUNG, CARL		5.2 NAME		
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY		5.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		5.4 CITY-ST-ZIP		
TITLE	T	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	TENNYSON, JEFFREY G.		6.2 NAME		
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY		6.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL		6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 _____