2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 06, 2006 8:00 am
Secretary of State
09-06-2006 90036 050 ***150.00

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1. Entity Name
AMCOR PET PACKAGING USA, INC.

40102951

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

07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
Due by September 6, 2006

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

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

10. OFFICERS AND DIRECTORS

TITLE	VCFO
NAME	WEBER, LARRY
STREET ADDRESS	10521 HIGHWAY M-52
CITY-ST-ZIP	MANCHESTER, MI 48158
TITLE	S
NAME	MCELYEA, JAMES M
STREET ADDRESS	10521 HIGHWAY M-52
CITY-ST-ZIP	MANCHESTER, MI 48158
TITLE	PD
NAME	LONG, WILLIAM J
STREET ADDRESS	10521 HIGHWAY M-52
CITY-ST-ZIP	MANCHESTER, MI 48158
TITLE	ASSISTANT SECRETARY
NAME	SCOTT CHAMBERY
STREET ADDRESS	10521 HIGHWAY M-52
CITY-ST-ZIP	MANCHESTER, MI 48158
TITLE	DIRECTOR
NAME	ROBERT PICKEN
STREET ADDRESS	10521 HIGHWAY M-52
CITY-ST-ZIP	MANCHESTER, MI 48158
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Scott R. Chambery SCOTT R CHAMBERY 08-29-2006 (734) 428-4154
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #