

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 830387

FILED
Jan 24, 2014
Secretary of State
CC1611169643

Entity Name: METAL CONTAINER CORPORATION

Current Principal Place of Business:

ONE BUSCH PLACE
ST. LOUIS, MO 63118

Current Mailing Address:

ONE BUSCH PLACE
ATTN: CORPORATE TAX DEPARTMENT
ST LOUIS, MO 63118

FEI Number: 43-1009110

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name BHALLA, TONY V
Address ONE BUSCH PLACE
City-State-Zip: SAINT LOUIS MO 63118

Title V
Name COMOTTO, JEFFREY J
Address ONE BUSCH PLACE
City-State-Zip: SAINT LOUIS MO 63118

Title T
Name GREGORIS, MICHAEL
Address ONE BUSCH PLACE
City-State-Zip: SAINT LOUIS MO 63118

Title S
Name LARSON, THOMAS D
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title V
Name TAYLOR, MICHAEL R
Address ONE BUSCH PLACE
City-State-Zip: SAINT LOUIS MO 63118

Title V
Name ADAMS, RAYMOND J
Address ONE BUSCH PLACE
City-State-Zip: SAINT LOUIS MO 63118

Title VP
Name SUELLENTROP, GREGORY J
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title ASST. SECRETARY
Name MILLER, SCOTT D
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JEFFREY J. COMOTTO

VICE PRESIDENT

01/24/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name KRAEMER, PETER J
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118

Title DIRECTOR
Name GAVORNIK, MICHAEL
Address ONE BUSCH PLACE
City-State-Zip: ST. LOUIS MO 63118