

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 830387

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

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

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

**Continues on page 2**

*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