

**2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F07000000486

**Entity Name:** GUARDIAN AGRICULTURAL PLASTICS CORP.

**FILED**  
**Apr 24, 2017**  
**Secretary of State**  
**CC8033638559**

**Current Principal Place of Business:**

8600 WEST BRYN MAWR AVENUE  
SUITE 800N  
CHICAGO, IL 60631

**Current Mailing Address:**

8600 WEST BRYN MAWR AVENUE  
SUITE 800N  
CHICAGO, IL 60631 US

**FEI Number: 75-3228588**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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 CEO, DIRECTOR  
Name MEZZANOTTE, DAVID  
Address 8600 WEST BRYN MAWR AVENUE  
SUITE 800N  
City-State-Zip: CHICAGO IL 60631

Title VP, CFO, DIRECTOR  
Name ALGER, MICHAEL E  
Address 8600 WEST BRYN MAWR AVENUE  
SUITE 800N  
City-State-Zip: CHICAGO IL 60631

Title VP, SECRETARY, DIRECTOR  
Name MCJOHN, KATHLEEN  
Address 8600 WEST BRYN MAWR AVENUE  
SUITE 800N  
City-State-Zip: CHICAGO IL 60631

Title VP, ASST. SECRETARY  
Name COSTIGAN, THOMAS  
Address 50 INTERNATIONAL DRIVE  
SUITE 100  
City-State-Zip: GREENVILLE SC 29615

Title TREASURER  
Name OWENS, DUANE A.  
Address 8600 WEST BRYN MAWR AVENUE  
SUITE 800N  
City-State-Zip: CHICAGO IL 60631

*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: KATHLEEN MCJOHN**

**SECRETARY**

**04/24/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date