2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 352790

1. Entity Name
MASTER CONTAINERS, INC.

FILED
07 JUL -5 AM 8:47
[illegible] STATE
[illegible], FLORIDA

07022007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
209 PHOSPHATE BLVD P O BOX 586 MULBERRY, FL 33860	209 PHOSPHATE BLVD P O BOX 586 MULBERRY, FL 33860

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1271641 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
LYONS, THOMAS W 2115 BENFORD AVE LAKELAND, FL 33803	Name **Corporation Service Company** Street Address (P.O. Box Number is Not Acceptable) **1201 Hays Street** City **Tallahassee** **FL** Zip Code **32301**

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 Doreen Wallace **Doreen Wallace Assistant Vice President** 7/5/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYONS, THOMAS W. 2115 BENFORD AVE. LAKELAND, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Donald C. McCann c/o DCM Acquisition Company, LLC 5865 Ridgeway Center Parkway, Suite 300, Memphis, TN 38120	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD LYONS, RICHARD C. 6631 HAYTER CIRCLE LAKELAND, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Operations and Secretary Robert J. Morrissette c/o Spirit Foodservice, Inc. 3809 Pipestone Road Dallas TX 75212	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman William V. Glastris, Jr. 200 West Madison, Suite. 2710 Chicago, IL 60606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	$7.50	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP, Assistant Treasurer and Secretary David J. Choe 200 West Madison, Suite. 2710 Chicago, IL 60606	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President – Operations and Secretary Peter M. Maki c/o Spirit Foodservice, Inc. 200 Brickstone Road - Suite G05 Andover, MA 01810	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP – Sales and Marketing Joseph R. Piero c/o Spirit Foodservice, Inc. 200 Brickstone Road - Suite G05 Andover, MA 01810	☐ Change ☑ Addition

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 [illegible] 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: David J. Choe, Vice President July 2, 2007 (312) 782-7400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

200105515602

CSC

CORPORATION SERVICE COMPANY

RECEIVED
07 JUL -5 AM 8:43
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE : 980561 4321040

AUTHORIZATION

COST LIMIT : $ 61.25

ORDER DATE : July 3, 2007

ORDER TIME : 4:41 PM

ORDER NO. : 980561-005

CUSTOMER NO: 4321040

ANNUAL REPORT FILING

NAME: MASTER CONTAINERS, INC.

RECEIVED
07 JUL -5 PM 4:18
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Unassigned-EXT#

EXAMINER'S INITIALS: _____

Resubmit - with original file date. Please note that the rejection states PO Box not allowed. This was taken off the website and has the full address - the street address is first