


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # 352790 1. Entity Name MASTER CONTAINERS, INC.	
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Principal Place of Business 209 PHOSPHATE BLVD MULBERRY, FL 33860	Mailing Address 200 BRICKSTONE SQUARE SUITE G05 ANDOVER, MA 01810
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02152008 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1271641	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301
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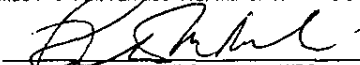
DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE _____</small>

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MCCANN, DONALD C/O 5865 RIDGEWAY CENTER PARKWAY, STE. 300 MEMPHIS, TN 38120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MORRISSETTE, ROBERT J C/O 3809 PIPESTONE ROAD DALLAS, TX 75212
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C GLASTRIS, WILLIAM V JR 200 WEST MADISON, SUITE 2710 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VATS CHOE, DAVID J 200 WEST MADISON, SUITE 2710 CHICAGO, IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MAKI, PETER M C/O 200 BRICKSTONE ROAD, SUITE G05 ANDOVER, MA 01810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PIERO, JOSEPH R C/O 200 BRICKSTONE ROAD, SUITE G05 ANDOVER, MA 01810

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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:  PETER M. MAKI 2/15/08 978-964-1559 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>