

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 352790

FILED  
May 01, 2011  
Secretary of State

**Entity Name:** MASTER CONTAINERS, INC.

**Current Principal Place of Business:**

209 PHOSPHATE BLVD  
MULBERRY, FL 33860

**New Principal Place of Business:**

**Current Mailing Address:**

200 BRICKSTONE SQUARE  
SUITE G05  
ANDOVER, MA 01810

**New Mailing Address:**

**FEI Number:** 59-1271641

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 US

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

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

**OFFICERS AND DIRECTORS:**

Title: P  
Name: MCCANN, DONALD  
Address: C/O 200 BRICKSTONE ROAD, SUITE G05  
City-St-Zip: ANDOVER, MA 01810

Title: VS  
Name: MORRISSETTE, ROBERT J  
Address: C/O 3809 PIPESTONE ROAD  
City-St-Zip: DALLAS, TX 75212

Title: C  
Name: GLASTRIS, WILLIAM V JR  
Address: 200 WEST MADISON, SUITE 2710  
City-St-Zip: CHICAGO, IL 60606

Title: VS  
Name: MAKI, PETER M  
Address: C/O 200 BRICKSTONE ROAD, SUITE G05  
City-St-Zip: ANDOVER, MA 01810

Title: V  
Name: PIERRO, JOSEPH R  
Address: C/O 200 BRICKSTONE ROAD, SUITE G05  
City-St-Zip: ANDOVER, MA 01810

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: PETER M MAKI

CFO

05/01/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date