FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 12:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **817052** **(4)**

1. Corporation Name

TUPPERWARE HOME PARTIES CORPORATION

Principal Place of Business	Mailing Address
1717 DEERFIELD RD. DEERFIELD IL 60015	1717 DEERFIELD RD. DEERFIELD IL 60015

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **04/11/1962**

3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 22:

Suite, Apt. #, etc. — 27:

City & State — 23:

City & State — 28:

Zip — 24: Country — 25:

Zip — 29: Country — 30:

4. FEI Number: **95-2831671** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VSD	11 TITLE		☐ Change ☐ Addition
NAME	COSTIGAN, J. M.	12 NAME		
STREET ADDRESS	1717 DEERFIELD RD.	13 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	14 CITY-ST-ZIP		
TITLE	VSD	21 TITLE	VID	☒ Change ☐ Addition
NAME	FLETCHER, L. JOHN	22 NAME		
STREET ADDRESS	1717 DEERFIELD RD.	23 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	24 CITY-ST-ZIP		
TITLE	AS	31 TITLE		☐ Change ☐ Addition
NAME	ROELK, THOMAS M.	32 NAME		
STREET ADDRESS	1717 DEERFIELD RD.	33 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	ROSE, JR. J	42 NAME		
STREET ADDRESS	1717 DEERFIELD ROAD	43 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	44 CITY-ST-ZIP		
TITLE	VPC	51 TITLE		☐ Change ☐ Addition
NAME	HOAGLUND, ROBERT W.	52 NAME		
STREET ADDRESS	1717 DEERFIELD ROAD	53 STREET ADDRESS		
CITY-ST-ZIP	DEERFIELD IL	54 CITY-ST-ZIP		
TITLE	AS	61 TITLE		☐ Change ☐ Addition
NAME	DUNLAP, CHARLES L.	62 NAME		
STREET ADDRESS	3175 N. ORANGE BLOSSOM TRAIL	63 STREET ADDRESS		
CITY-ST-ZIP	KISSIMMEE FL	64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Thomas M Roelk **ASSISTANT SECRETARY** 4/25/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0945194 CP

917052

PREMARK INTERNATIONAL, INC.
TAX DEPARTMENT
1717 DEERFIELD ROAD
DEERFIELD, ILLINOIS 60015

05/01/95

DIVISION OF CORPORATIONS
P.O. BOX 1500

TALLAHASSEE FL 32302-1500

RE: TAXPAYER : TUPPERWARE HOME PARTIES CORPORATION
FED. I.D. NO. : 95-2831671
TYPE OF TAX : Annual Report
LIABILITY YEAR : 95
TYPE OF PAYMENT : Return
AMOUNT : 200.00

GENTLEMEN OR MADAM:

ENCLOSED WITHIN IS THE RETURN AND/OR PAYMENT INDICATED ABOVE FOR THE SUBJECT TAXPAYER.

KINDLY ACKNOWLEDGE RECEIPT OF THE ENCLOSED BY PLACING YOUR OFFICIAL STAMP ON THE DUPLICATE COPY OF THIS LETTER AND RETURNING SAME TO OUR OFFICE.

VERY TRULY YOURS,

PATRICIA A. THOMPSON
DIRECTOR, STATE TAXES

817052

PREMARK INTERNATIONAL, INC.
TAX DEPARTMENT
1717 DEERFIELD ROAD
DEERFIELD, ILLINOIS 60015

05/01/95

DIVISION OF CORPORATIONS
P.O. BOX 1500

TALLAHASSEE FL 32302-1500

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