

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 817721

1. Entity Name

BALL PAN AM PLANT CO.

**FILED**  
**Feb 23, 2000 8:00 am**  
**Secretary of State**

02-23-2000 90005 024 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
622 TOWN ROAD. PO BOX 335 WEST CHICAGO IL 60185	622 TOWN ROAD. PO BOX 335 WEST CHICAGO IL 60185-2614

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

Zip	Country	Zip	Country
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4. FEI Number	Applied For
36-2560388	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	Zip Code

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.

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
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STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	
TITLE	NAME
NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
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NAME	STREET ADDRESS
STREET ADDRESS	CITY - ST - ZIP
CITY - ST - ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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: John A. Harrington John A. Harrington 1/27/00 630-231-3600  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)