

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR) 2002**

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90134 006 ***150.00

DOCUMENT # 817721

1. Entity Name

BALL PAN AM PLANT CO.

DO NOT WRITE IN THIS SPACE

830546

2. Principal Place of Business
622 TOWN ROAD

3. Mailing Address
622 TOWN ROAD

Suite, Apt. #, etc.
P.O. Box 335

Suite, Apt. #, etc.
P.O. Box 335

DO NOT WRITE IN THIS SPACE

City & State
West Chicago IL

City & State
West Chicago IL

4. FEI Number
36-2560388

Applied For
Not Applicable

Zip 60185
Country U.S.

Zip 60185
Country U.S.

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
CT Corporation System

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

1200 S. Pine Island Road

City
Plantation

FL

Zip Code
33324

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back) ☒

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE
NAME GUENTHER, JOHN
STREET ADDRESS 1503 GONE AWAY CT
CITY-ST-ZIP WHEATON IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME S
STREET ADDRESS HARRINGTON, JOHN
CITY-ST-ZIP 1028 KEHOE DR.
ST. CHARLES IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME BALL, ANNA
STREET ADDRESS 625 LAKE ROAD
CITY-ST-ZIP GLEN ELLYN IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME RICKETTS, BARRIE
STREET ADDRESS 2S344 SENECA
CITY-ST-ZIP WHEATON IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

13. 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 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John A. Harrington

April 3, 2002 630-231-3600

Date

Daytime Phone #

CR2E034B (12/01)