

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 829542 (0)**

1. Corporation Name  
**CONSTAR PLASTICS INC.**



Principal Place of Business <b>5375 DRAKE DRIVE ALTANTA GA 30338</b>	Mailing Address <b>9300 ASHTON ROAD PHILADELPHIA PA 19114-3464</b>
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3. Date Incorporated or Qualified <b>02/19/1973</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>58-0680950</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 <b>One Crown Way</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>One Crown Way</b> Suite, Apt. #, etc.
22 City & State 23 <b>Philadelphia PA</b>	27 City & State 28 <b>Philadelphia PA</b>
24 Zip <b>19154-4599</b>	25 Country <b>USA</b>
29 Zip <b>19154-4599</b>	30 Country <b>USA</b>

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 SOUTH 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

TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>RUTHERFORD, ALAN W</b>
STREET ADDRESS	<b>9300 ASHTON ROAD</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA 19136</b>
TITLE	<b>VTD</b> <input type="checkbox"/> DELETE
NAME	<b>CALLE, CRAIG R.L.</b>
STREET ADDRESS	<b>9300 ASHTON ROAD</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA 19136</b>
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE
NAME	<b>KRZYZANOWSKI, RICHARD L</b>
STREET ADDRESS	<b>9300 ASHTON ROAD</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA 19136</b>
TITLE	<b>CEO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LOLIGER, HANS J</b>
STREET ADDRESS	<b>9300 ASHTON ROAD</b>
CITY-ST-ZIP	<b>PHILADELPHIA PA 19136</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>V/D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Alan W. Rutherford</b>
1.3 STREET ADDRESS	<b>One Crown Way</b>
1.4 CITY-ST-ZIP	<b>Philadelphia, PA 19154-4599</b>
2.1 TITLE	<b>T</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Craig R. L. Calle</b>
2.3 STREET ADDRESS	<b>One Crown Way</b>
2.4 CITY-ST-ZIP	<b>Philadelphia PA 19154-4599</b>
3.1 TITLE	<b>V/S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Richard L. Krzyzanowski</b>
3.3 STREET ADDRESS	<b>One Crown Way</b>
3.4 CITY-ST-ZIP	<b>Philadelphia PA 19154-4599</b>
4.1 TITLE	<b>P/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Frank Mechura</b>
4.3 STREET ADDRESS	<b>One Crown Way</b>
4.4 CITY-ST-ZIP	<b>Philadelphia PA 19154-4599</b>
5.1 TITLE	<b>V</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>Michael Hoffman</b>
5.3 STREET ADDRESS	<b>One Crown Way</b>
5.4 CITY-ST-ZIP	<b>Philadelphia PA 19154-4599</b>
6.1 TITLE	<b>AS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>William T. Gallagher</b>
6.3 STREET ADDRESS	<b>One Crown Way</b>
6.4 CITY-ST-ZIP	<b>Philadelphia PA 19154-4599</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: *Michael Hoffman* **4/29/97 215-688-5340**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #

CR2E034 (9/96)