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 APR -4 AM 10:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **836391** **(3)**

1. Corporation Name

CROWN BEVERAGE PACKAGING, INC.

Principal Place of Business	Mailing Address
9300 ASHTON ROAD PHILADELPHIA PA 19114-3464	9300 ASHTON ROAD PHILADELPHIA PA 19114-3464

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/24/1976	3a. Date of Last Report: 02/22/1994
4. FEI Number: 13-2853410	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	11 TITLE	☐ Change ☐ Addition
NAME	MCKENNA, MICHAEL J.	12 NAME	
STREET ADDRESS	9300 ASHTON ROAD	13 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	14 CITY-ST-ZIP	
TITLE	VPS	21 TITLE	☐ Change ☐ Addition
NAME	KRZYZANOWSKI, RICHARD	22 NAME	
STREET ADDRESS	17 SEQUOIA DR.	23 STREET ADDRESS	
CITY-ST-ZIP	CINNAMINSON NJ	24 CITY-ST-ZIP	
TITLE	VP	31 TITLE	☐ Change ☐ Addition
NAME	WARING, CLINTON	32 NAME	
STREET ADDRESS	9300 ASHTON RD.	33 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	34 CITY-ST-ZIP	
TITLE	VPT	41 TITLE	☐ Change ☐ Addition
NAME	CRAIG R. L. CALLE	42 NAME	
STREET ADDRESS	9300 ASHTON RD	43 STREET ADDRESS	
CITY-ST-ZIP	PHILADELPHIA PA	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☐ Change ☐ Addition
NAME	NARDI, MATTHEW R.	52 NAME	
STREET ADDRESS	7 BELAIRE LN	53 STREET ADDRESS	
CITY-ST-ZIP	NEW HOPE PA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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: x Michael Mc Kenna 3-24-95 215-698-5340
SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR — Date — Daytime Phone #

0477140 FP