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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

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

3. Date Incorporated or Qualified: 05/24/1976
3a. Date of Last Report: 04/23/1996

2. Principal Place of Business
21 One Crown Way
22 Suite, Apt. # etc.
23 City & State: Philadelphia, PA
24 Zip: 19154-4599
25 Country: USA

2a. Mailing Address
26 One Crown Way
27 Suite, Apt. #, etc.
28 City & State: Philadelphia, PA
29 Zip: 19154-4599
30 Country: USA

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

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PC MCKENNA, MICHAEL J. 9300 ASHTON ROAD PHILADELPHIA PA	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	P/D John W. Conway One Crown Way ~~Philadelphia, PA 19154-4599~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS KRZYZANOWSKI, RICHARD 192 JENKINS DR ENGLEWOOD CLIFFS NJ	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V/S Richard L. Krzyzanowski One Crown Way ~~Philadelphia, PA 19154-4599~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP WARING, CLINTON 9300 ASHTON RD. PHILADELPHIA PA	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V Clinton J. Waring One Crown Way ~~Philadelphia, PA 19154-4599~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPT CRAIG R. L. CALLE 9300 ASHTON RD PHILADELPHIA PA	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	V/T/D Craig R. L. Calle One Crown Way ~~Philadelphia, PA 19154-4599~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUTHERFORD, ALAN W 9300 ASHTON RD PHILADELPHIA PA	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	V/D Alan W. Rutherford One Crown Way ~~Philadelphia, PA 19154-4599~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	AS William T. Gallagher One Crown Way, Philadelphia, PA 19154-4599	☐ Change ☒ Addition

CR2E034 (9/96)

14. I do 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 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: [illegible] 4/22/97 215-698-5340
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0007937