2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2001 08:00 AM
Secretary of State

DOCUMENT # 836391

1. Entity Name
CROWN BEVERAGE PACKAGING, INC.

Principal Place of Business	Mailing Address
ONE CROWN WAY	ONE CROWN WAY
PHILADELPHIA PA	PHILADELPHIA PA
191544599 US	191544599 US

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

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-2853410 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 _____ 02/21/2001
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) ☒

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
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			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS GALLAGHER WILLIAM T ONE CROWN WAY PHILADELPHIA PA 19154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD RUTHERFORD ALAN W ONE CROWN WAY PHILADELPHIA PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RUTHERFORD ALAN W ONE CROWN WAY PHILADELPHIA PA	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT CALLE CRAIG R L ONE CROWN WAY PHILADELPHIA PA 19154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT BURNS MICHAEL B ONE CROWN WAY PHILADELPHIA PA 19154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WARING, CLINTON ONE CROWN WAY PHILADELPHIA PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROWLEY MICHAEL J ONE CROW WAY PHILADELPHIA PA 19154	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS ROWLEY MICHAEL J ONE CROWN WAY PHILADELPHIA PA 19154	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD CONWAY JOHN M ONE CROWN WAY PHILADELPHIA PA	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/00)

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: WILLIAM T. GALLAGHER VS 02/21/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #