2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844938

Entity Name: REXAM BEVERAGE CAN COMPANY

FILED Apr 04, 2008 Secretary of State

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
8770 WEST CHICAGO,	T BRYN MAW IL 660631	/R			
Current Mailing Address:			New Mailing Address:		
4201 CONC SUITE 340 CHARLOT	GRESS ST TE, NC 2820	9			
FEI Number:	36-2241181	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of (Current Registered Agent:	Name and Address	of New Registered Agent:	
STE 4 WESTON,	CUTIVÉ PARK FL 33331 U named entity	S	urpose of changing its registere	ed office or registered agent, or both,	
SIGNATUR					
01011/11011		nic Signature of Registered Age	nt	Date	
Election Cam	paign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BARTO, HARR 8770 W. BRYN CHICAGO, IL	I MAWR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	BROWN, FRAI	ESS ST., STE. 340	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	GLASSHOFF,	ESS ST., STE. 340	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	TUMLIN, CLIN	ESS ST., STE. 340	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRINGTON	SS ST., STE. 340	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	HYSKO, LISA) Delete R ESS ST, STE 340	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PEGGY B. HARRINGTON AS 04/04/2008