

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

FILED
Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **850712** (1)
1. Corporation Name
SWEETHEART CUP COMPANY INC.



Principal Place of Business 7575 S. KOSTNER CHICAGO IL 60652	Mailing Address 7575 S. KOSTNER CHICAGO IL 60652-1141
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3. Date Incorporated or Qualified 10/15/1981	3a. Date of Last Report 02/15/1996
4. FEI Number 34-1342568	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 10100 REISTERSTOWN ROAD State, Apt. #, etc.	2a. Mailing Address 26 10100 REISTERSTOWN ROAD Suite, Apt. #, etc.
22. City & State 23 OWINGS MILLS MD	27. City & State 28 OWINGS MILLS MD
24. Zip 25 21117	29. Zip 30 21117
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent
**UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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: _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	BUSSE, CHARLES E.	
STREET ADDRESS	7575 S. KOSTNER AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	MCLAUGHLIN, WILLIAM F.	
STREET ADDRESS	7575 S. KOSTNER AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	CARSON, DANIEL M.	
STREET ADDRESS	7575 S. KOSTNER AVE.	
CITY-ST-ZIP	CHICAGO IL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	LINDAHL, ROGER A.	
STREET ADDRESS	7575 S KOSTNER AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BINGHAM, W. RICHARD	
STREET ADDRESS	7575 S KOSTNER AVE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBERTS, THEODORE R.	
STREET ADDRESS	7575 S. KOSTNER AVE	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	10100 REISTERSTOWN ROAD
1.4 CITY-ST-ZIP	OWINGS MILLS MD 21117
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	10100 REISTERSTOWN ROAD
2.4 CITY-ST-ZIP	OWINGS MILLS MD 21117
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	10100 REISTERSTOWN ROAD
3.4 CITY-ST-ZIP	OWINGS MILLS MD 21117
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	10100 REISTERSTOWN ROAD
4.4 CITY-ST-ZIP	OWINGS MILLS MD 21117
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	10100 REISTERSTOWN ROAD
5.4 CITY-ST-ZIP	OWINGS MILLS MD 21117
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	10100 REISTERSTOWN ROAD
6.4 CITY-ST-ZIP	OWINGS MILLS MD 21117

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: *Roger A. Lindahl* **4/11/97** **410-998-2702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)