

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90042 016 ***150.00

DOCUMENT # 850712

1. Entity Name
SWEETHEART CUP COMPANY INC.

Principal Place of Business
10100 REISTERSTOWN RD
OWINGS MILLS MD 21117
US

Mailing Address
TAX DEPT.
10100 REISTERSTOWN RD.
OWINGS MILLS MD 21117
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-1342568**

Applied For
 Not Applicable

Zip Country

Zip Country

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

UNITED STATES CORPORATION COMPANY
1201 HAYES ST.
STE 105
TALLAHASSEE FL 32301

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

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, 2002 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	D	<input type="checkbox"/> Delete
NAME	BINGHAM, W. RICHARD	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	DC	<input type="checkbox"/> Delete
NAME	MEHIEL, DENNIS	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROGERS, THEODORE	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	DPC	<input type="checkbox"/> Delete
NAME	ULEAU, THOMAS	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	CARSON, DANIEL M	
STREET ADDRESS	10100 REISTERSTOWN RD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	
TITLE	SRVC	<input type="checkbox"/> Delete
NAME	HEINSEN, HANS	
STREET ADDRESS	10100 REISTERSTOWN ROAD	
CITY-ST-ZIP	OWINGS MILLS MD 21117	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DELECTOR CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP CAO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SRVP CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Hans Heinsen **HANS HEINSEN** 4/5/02 **410 998 2702**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (01/01)