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To:

Division of Corporations

Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (850)222-1092

Fax Number : (850)878-5368 φ

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

REGISTERED AGENT CHANGE SOLO CUP OPERATING CORPORATION

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10/23/2014

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this statement of change is submitted for a corporation organized under the laws of the State of DE in order to change its registered office or registered agent, or both, in the State of Florida.	
1. The name of the corporation: Solo Cup Operating Corporation	
2. The principal office address: 150 S. Sanders Rd., Sie. 150, Lake Forest, IL 60045	
3. The mailing address (if different):	
4. Date of incorporation/qualification: 10/15/1981 Document number: 850712	
5. The name and street address of the current registered agent and registered office on file with the Florida Department of State: (If resigned, enter resigned)	
The Prentice Hall Corporation System, Inc.	
1201 Hays Street	
Tallahassee, FL 32301	
6. The name and street address of the new registered agent (if changed) and /or registered office (if changed):	<u> </u>
C T Corporation System	دا ابترا
c/o C T Corporation System, 1200 South Pine Island Road	
P.O. Box NOT acceptable Plantation, Florida 33324	
The street address of its registered office and the street address of the business office of its registered agent, as changed will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an officer so authorized by the board, or the corporation has been notified in writing of the change.	
Alfred Younan, VP Signafore of an optice for director Printed or typed name and tale	
I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this document is being filed merely to reflect a change in the registered office address, I hereby confirm that the corporation has been notified in writing of this change.	
By: (10/22/2014	
If signing on behalf of an entity: James M. Halpin	
Assistant Secretary Typed or Printed Name	

* * * FILING FEE: \$35.00 * * *

Make Checks payable to Florida Department of State Mail to: Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 CR2E045 (03/12)