FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 AM 10:30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # 856482 (5)

1. Corporate Name

ANCHOR GLASS CONTAINER CORPORATION

Principal Place of Business	Mailing Address
ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-4513	ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-4513

3. Date Incorporated or Qualified: **05/18/1983**
3a. Date of Last Report: **08/02/1994**
4. FEI Number: **22-2452609** — Applied For / Not Applicable
5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

2. Principal Place of Business (21–25) / 2a. Mailing Address (26–30): Suite, Apt. # etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	BOROWSKY, KURT T.	NAME	
STREET ADDRESS	330 SOUTH ST.	STREET ADDRESS	
CITY-ST-ZIP	MORRISTOWN NJ	CITY-ST-ZIP	
TITLE	PD	TITLE	☐ Change ☐ Addition
NAME	MALONE, JAMES R.	NAME	
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	V	TITLE	☐ Change ☐ Addition
NAME	KIRK, MARK	NAME	
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	VD	TITLE	☐ Change ☐ Addition
NAME	SMITH, JAMES H.	NAME	
STREET ADDRESS	4343 ANCHOR PLAZA PKWY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	VS	TITLE	☐ Change ☐ Addition
NAME	YOUNG, CARL	NAME	
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	T	TITLE	T ☑ Change ☐ Addition
NAME	THOMPSON, ROBERT A.	NAME	JEFFREY G. TENNYSON
STREET ADDRESS	4343 ANCHOR PLAZA PKWY	STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	TAMPA FL 33634

14. 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 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: X [signature] JEFFREY G. TENNYSON 4/28/95 (813)884-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0302233 CP