

FILED



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

May 07 1997 8:00am
Secretary of State

DOCUMENT # 856482 (5)
1. Corporation Name
ANCHOR GLASS CONTAINER CORPORATION

Principal Place of Business ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-4313		Mailing Address ONE ANCHOR PLACE 4343 ANCHOR PLAZA PKWY TAMPA FL 33634-7537		3. Date Incorporated or Qualified 05/18/1983		3a. Date of Last Report 02/06/1996	
2. Principal Place of Business 21 2701 N. Rocky Point Dr. Suite, Apt. #, etc. 22 Suite 1120 City & State 23 Tampa, FL Zip 24 33607		2a. Mailing Address 26 2701 N. Rocky Point Dr. Suite, Apt. #, etc. 27 1120 City & State 28 Tampa, FL Zip 29 33607		4. FEI Number 22-2452609		Applied For Not Applicable	
Country 25 USA		Country 30 USA		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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
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 _____ (Signature, typed or printed name of registered agent or state if applicable) (NOTE: Registered Agent signature required when re-stating) DATE _____							
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	BOROWSKY, KURT T.	1.2 NAME	Robert M. McGrew				
STREET ADDRESS	330 SOUTH ST.	1.3 STREET ADDRESS	2701 N. Rocky Point Dr. Ste. 1120				
CITY - ST - ZIP	MORRISTOWN NJ	1.4 CITY - ST - ZIP	Tampa, FL 33607				
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CFO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	MALONE, JAMES R.	2.2 NAME	Mark Stickel				
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	2.3 STREET ADDRESS	2701 N. Rocky Point Dr. Ste. 1120				
CITY - ST - ZIP	TAMPA FL	2.4 CITY - ST - ZIP	Tampa, FL 33607				
TITLE	V <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	KIRK, MARK	3.2 NAME					
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	3.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL	3.4 CITY - ST - ZIP					
TITLE	VD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	SMITH, JAMES H.	4.2 NAME					
STREET ADDRESS	4343 ANCHOR PLAZA PKWY	4.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL	4.4 CITY - ST - ZIP					
TITLE	VS <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	YOUNG, CARL	5.2 NAME					
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	5.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL	5.4 CITY - ST - ZIP					
TITLE	T <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	TENNYSON, JEFFREY G.	6.2 NAME					
STREET ADDRESS	4343 ANCHOR PLAZA PARKWAY	6.3 STREET ADDRESS					
CITY - ST - ZIP	TAMPA FL	6.4 CITY - ST - ZIP					

CR2E034 (9/96)

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.