

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

1082



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

FILED

02 NOV 13 AM 9:56

SECRETARY OF STATE
TALLAHASSEE

11/13/02--01059--025 **150.00



2002 UBR

DOCUMENT # F00000003244

1. Corporation Name

HANSON ACQUISITION SUB, INC.

Principal Place of Business

900 OAKMONT LANE, SUITE 100
WESTMONT IL 60559

Mailing Address

900 OAKMONT LANE, SUITE 100
WESTMONT IL 60559

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

3. New Mailing Office Address, If Applicable

4. Date Incorporated or Qualified
To Do Business in Florida

06/07/2000

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. FEI Number

95-4754349

Applied For

Not Applicable

City & State

City & State

Zip

Country

Zip

Country

6. CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
PD	KRIGG, WILLIAM J White, Sharon M	900 OAKMONT LANE, SUITE 100	WESTMONT IL 60559
VST VSD	MOREFIELD, MICHAEL T HARRIS, RICHARD R.	900 OAKMONT LANE, SUITE 100	WESTMONT IL 60559
T	GIROUX, DENNIS E	900 OAKMONT LANE Suite 100	Westmont IL 60559

8. Name and Address of Current Registered Agent

NRAI Services Inc
NATIONAL REGISTERED AGENTS, INC.
526 EAST PARK AVENUE
TALLAHASSEE FL 32301

NAME
change only

9. Name and Address of New Registered Agent

Name
NRAI Services Inc.
Street Address (P.O. Box Number is Not Acceptable)
526 EAST PARK Avenue
Suite, Apt. #, Etc.

City
TALLAHASSEE FL 32301

State
FL

Zip Code
32301

CR2E040 (8/02)

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

[Signature]
REGISTERED AGENT MUST SIGN

Date

11/5/02

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS E GIROUX

Date

Daytime Phone #

10/30/02 (630) 321-5500



United Plastics Group, Inc.

2052

October 30, 2002

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

RE: Hanson Acquisition Sub., Inc.
FEI Number: 95-4754349

To Whom It May Concern:

I am the Controller for United Plastics Group, Inc., the ultimate parent of Hanson Acquisition Sub., Inc. I have received a "Notice Of Administrative Dissolution Or Revocation" for Hanson Acquisition Sub., Inc. and have completed the "Application For Reinstatement." During the first quarter of 2002, this company's manufacturing operation was closed. All that remains is a warehouse operation. To the best of my knowledge, Hanson Acquisition Sub., Inc. did not receive the two prior uniform business report (UBR) notices. I am requesting that the reinstatement fee be waived. Enclosed is the fee to file the report without penalty, \$150.00. If there are any questions, please call me at 630-321-5501.

Sincerely,

A handwritten signature in cursive script, reading "John Vanderveer". The signature is written in dark ink and is positioned above the printed name.

John Vanderveer
Controller and Assistant Secretary

JV/pl

Encl.