
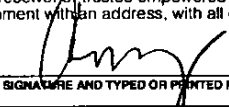


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 25, 2005 8:00 am**  
**Secretary of State**

07-25-2005 90107 049 \*\*\*150.00

|   |  |  |   |   |  |
|---|--|--|---|---|--|
| <b>DOCUMENT # F02000000234</b><br>1. Entity Name<br><b>PORTOLA PACKAGING, INC.</b>  |  |  |   |                |  |
| Principal Place of Business<br><b>890 FAULSTICH COURT<br/>SAN JOSE, CA 95112</b>  |  |  | Mailing Address<br><b>1902 NEW BUTLER RD.<br/>NEW CASTLE, PA 16107</b>  |   |  |
| 2. Principal Place of Business<br><b>951 Douglas Rd.</b>  |  | 3. Mailing Address   |   |   |  |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |   |  |
| City & State<br><b>Batavia IL</b>   |  | City & State   |   | 4. FEI Number<br><b>94-1582719</b>  |  |
| Zip<br><b>60510</b>   |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> |  |
| 6. Name and Address of Current Registered Agent<br><br><b>CORPAMERICA, INC.<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>  |  |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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. I am familiar with, and accept the obligations of registered agent.   |  |  |   |   |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____  |  |  |   |   |  |
| <b>FILE NOW!!! FEE IS \$150.00<br/>Due by September 7, 2005</b>   |  | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. |   |   |  |
| <b>10. OFFICERS AND DIRECTORS</b>   |  |  | <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | P<br>TAYLOR, JAMES A<br>890 FAULSTICH COURT<br>SAN JOSE, CA                                | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | President<br>Brian Bauerbach<br>41 W 722 N Bowgren Circle<br>Elburn, IL 60119                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | V<br>BERG, DENNIS L<br>890 FAULSTICH COURT<br>SAN JOSE, CA                                 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Sr. VP<br>Michael T. Morefield<br>6836 Bantry Court<br>Darien, IL 60561                         | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | CD<br>WATTS, JACK L<br>890 FAULSTICH COURT<br>SAN JOSE, CA                                 | <input checked="" type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | Chairman of the Board<br>Martin Imbler<br>409 Ocean Oaks<br>Kiawah Island, SC 29455-5932        | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | S<br>MICHOS, THEMISTOCLES G<br>720 YORK ST., #103<br>SAN FRANCISCO, CA                     | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | 235 Pine St. Suite 1300<br>San Francisco, CA 94104  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>EGAN, ROBERT<br>1221 AVE OF THE AMERICAS, 39TH FLOOR<br>NEW YORK, NY 10020            | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>PFEFFER, JEFFREY<br>GRAD. SCHOOL OF BUSINESS STANFORD UNIVERSI<br>PALO ALTO, CA 94305 | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. |  |  |   |   |  |
| <b>SIGNATURE:</b>  <b>Andrea B. Schry, VP/Corp Controller</b> <b>7/18/05</b> <b>724-657-2150</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |  |   |   |  |