

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 28, 2003 8:00 am**  
**Secretary of State**

07-28-2003 90133 026 \*\*\*150.00

**DOCUMENT # F02000000234**

1. Entity Name  
**PORTOLA PACKAGING, INC.**



Principal Place of Business  
**890 FAULSTICH COURT  
SAN JOSE CA 95112**

Mailing Address  
**1902 NEW BUTLER RD.  
NEW CASTLE PA 16107**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **94-1582719**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CORPAMERICA, INC.  
416 SOUTHEAST 15TH STREET  
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$550.00**

**After September 10, 2003 Fee will be \$750.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete  
NAME **TAYLOR, JAMES A**  
STREET ADDRESS **890 FAULSTICH COURT**  
CITY-ST-ZIP **SAN JOSE CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **V** ☐ Delete  
NAME **BERG, DENNIS L**  
STREET ADDRESS **890 FAULSTICH COURT**  
CITY-ST-ZIP **SAN JOSE CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **CD** ☐ Delete  
NAME **WATTS, JACK L**  
STREET ADDRESS **890 FAULSTICH COURT**  
CITY-ST-ZIP **SAN JOSE CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **S** ☐ Delete  
NAME **MICHOS, THEMISTOCLES G**  
STREET ADDRESS **720 YORK ST., #103**  
CITY-ST-ZIP **SAN FRANCISCO CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **BEHRENS, CHRISTOPHER C**  
STREET ADDRESS **1220 AVE OF THE AMERICAS**  
CITY-ST-ZIP **NEW YORK NY**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Delete  
NAME **PFEFFER, JEFFREY**  
STREET ADDRESS **GRAD. SCHOOL OF BUSINESS STANFORD UNIVERSITY**  
CITY-ST-ZIP **PALO ALTO CA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-17-03

Date

724.657.2186

Daytime Phone #

CR2E034 (4/03)



July 17, 2003

Uniform Business Report  
Division of Corporations  
PO Box 1500  
Tallahassee, FL 32302-1500

RE: Portola Packaging Inc.  
EIN: 94-1582719

Dear Sir / Madam:

We are writing to request that the late fee associated with the Uniform Business Report be waived. The report we are submitting is the first notice we've received and are filing it promptly upon receipt.

Thank you for your consideration in this matter.

Sincerely,

Lynda C. Lamison  
Portola Packaging, Inc