

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 02, 2007 08:00 AM
Secretary of State

DOCUMENT # F02000000506

1. Entity Name
SSA CONTAINERS, INC.



Principal Place of Business
1131 S.W. KLINKITAT WAY
SEATTLE, WA 98134

Mailing Address
1131 S.W. KLINKITAT WAY
SEATTLE, WA 98134

DO NOT WRITE IN THIS SPACE



01102007 No Chg-P CR2E034 (11/05)

4. FEI Number
91-1703381

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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IN THIS SPACE**

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 \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST HEMINGWAY, JON F 1131 S.W. KLINKITAT WAY SEATTLE, WA 98134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO SADOSKI, CHARLES F 1131 S.W. KLINKITAT WAY SEATTLE, WA 98134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, FREDERICK D 1131 S.W. KLINKITAT WAY SEATTLE, WA 98134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DENIKE, EDWARD A 1131 S.W. KLINKITAT WAY SEATTLE, WA 98134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DIBERNARDO, JOHN J 700 PIER A PLAZA LONG BEACH, CA 90813
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPGC LUKINS, KYLE B 1131 S.W. KLINKITAT WAY SEATTLE, WA 98134

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04/06/07-80052-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kyle B. Lukins, VP - General Counsel 3/23/07

Date

Daytime Phone #