


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 25, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # F02000004940**  
 1. Entity Name  
**MUELLER PLASTICS CORPORATION, INC.**



Principal Place of Business      Mailing Address  
**8285 TOURNAMENT DR., SUITE 150**      **8285 TOURNAMENT DR., SUITE 150**  
**MEMPHIS, TN 38125**      **MEMPHIS, TN 38125**



01072005    No Chg-P    CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEJ Number      Applied For  
**48-1100994**       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**

**DO NOT WRITE 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

U00000195371  
 01/26/05-80025-021 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HARRIS, ROY C
STREET ADDRESS	8285 TOURNAMENT DRIVE, SUITE 150
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	DVS
NAME	HENSLEY, WILLIAM
STREET ADDRESS	8285 TOURNAMENT DR., SUITE 150
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	VT
NAME	MCKEE, KENT A
STREET ADDRESS	8285 TOURNAMENT DRIVE, SUITE 150
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	V
NAME	BAMBAS, KARL J
STREET ADDRESS	8285 TOURNAMENT DR., SUITE 150
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	V
NAME	NYMAN, LEE R
STREET ADDRESS	8285 TOURNAMENT DR., SUITE 150
CITY-ST-ZIP	MEMPHIS, TN 38125
TITLE	AS
NAME	BROWNE, JAMES E
STREET ADDRESS	8285 TOURNAMENT DR., SUITE 150
CITY-ST-ZIP	MEMPHIS, TN 38125

**DO NOT WRITE IN THIS SPACE**

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]*      1/7/05      901-753-3713  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #