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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023 Phone : (954)208-0845 Fax Number : (614)573-3996

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

suzanne.berndlmaier@crowncork.com

FOREIGN PROFIT/NONPROFIT CORPORATION FOREIGN MANUFATURES FINANCE CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

(Date of incorporation) (Date of duration, if other than (Date first transacted business in Florida, if prior to registration)	
12/26/1930 5. (Date of incorporation) (Date of duration, if other than (Date first transacted business in Florida, if prior to registration)	
(Date of incorporation) (Date of duration, if other than (Date first transacted business in Florida, if prior to registration)	n perpetual)
(Date first transacted business in Florida, if prior to registration)	perpetual)
(Date first transacted business in Florida, if prior to registration)	
(Date first transacted business in Florida, if prior to registration)	
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)	
lidden River Corporate Center Two, 14025 Riveredge Drive, Suite 300, Tampa, FL 33637	
(Principal office street address)	
(Current mailing address, if different) Name and street address of Florida registered agent: (P.O. Box NOT acceptable)	
Name: C T Corporation Name:	
fice Address: 1200 South Pine Island Road	TALLAHA SECALTAR ZUZARANA
Plantation , Florida 33324 (Zip code)	IAI
(City) (Zip code)	- 第5 -
Registered agent's acceptance:	SSE YOU
wing been named as registered agent and to accept service of process for the above stated co	orporatjön at the
signated in this application, I hereby accept the appointment as registered agent and agree to ther agree to comply with the provisions of all statutes relative to the proper and complete p	o act in this capa
ther agree to comply with the provisions of all statutes relative to the proper tha complete p d I am familiar with and accept the obligations of my position as registered agent.	eryor manning of re
	S
At the second second	Secretary
- Stephane Honcy Stephanie Hencz / Assistant S	

^{10.} Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

		•		
A. DIRECTORS		•		
Li Chainnan	Name: Ronald S. Cenderelli	□Chairman	Name: Kevin C. Clothier	
□Vice Chairman	Address:	□ Vice Chairman	Address: 770 Township Line Road	
Director	Yardley, PA 19067	篇Director	Yardley, PA 19067	
房President		□President		
□Vice President		□Vice President		
☐Secretary	□Treasurer	☐ Secretary	☐Treasurer	
□Other	Other	□Other	ClOther	
□Chairman □Vice Chairman	Name: Adam J. Dickstein 770 Township Line Road	□Chairman	Name: David A. Beaver 770 Township Line Road Address:	
Director	Yardley, PA 19067	□Director	Yardley, PA 19067	
□President		□President		
■Vice President		寫Vice President		
育Secretary	☐ Treasurer	□Secretary	南Treasurer	
□Other	Other	Other		
□Chairman	Name: Christy L. Kalaus Name: 770 Township Line Road Address:	□Chairman □Vice Chairman	Name: Eric Meyer Name: Hidden River Corp Center Two	
Director	Yardley, PA 19067	□Director	14025 Riveredge Drive	
□President		□President	Suite 300	
■Vice President		≡ Vice President	Tampa, FL 33637	
□Secretary ·	☐ Treasurer	Secretary	□Treasurer	
Corp. Co	ntroller Other	☐Other	[]Other	
Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added dytherindex which filing your Florida Department of State Annual Report form. 12. Signature of Director or Officer				

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FOREIGN MANUFACTURERS FINANCE

CORPORATION" IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF

DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE

EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE

THIRTY-FIRST DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

at corp. delaware. gov/auth

Authentication: 203452931

Date: 05-31-23