

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # F94000003423 (0)

1. Corporation Name

UNITED STATES CAN COMPANY

95 FEB 13 AM 10:43

Principal Place of Business

900 COMMERCE DRIVE
OAK BROOK IL 60521

Mailing Address

900 COMMERCE DRIVE
OAK BROOK IL 60521

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

20 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

06-1145011

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PCD
SMITH, WILLIAM J
900 COMMERCE DRIVE, STE 302
OAK BROOK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
GALVIN, FRANK J
900 COMMERCE DRIVE, STE 302
OAK BROOK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
S
STONICH, TIMOTHY W
900 COMMERCE DRIVE, STE 302
OAK BROOK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
T
ANDRES, PETER J
900 COMMERCE DRIVE, STE 302
OAK BROOK IL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
BAILER, BENJAMIN F
P.O. BOX 1892, HERRING HALL 2ND FLOOR
HOUSTON TX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SOLER, FRANCISCO
WATERMEADOW LANE, HARBOUR CLUB
LONDON SW6 2RR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 199.032(4)(b), Florida Statutes. I further certify that the information included in this annual report, supplemental annual 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 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J. ANDRES-VICE PRES. & TREASURER

FEBRUARY 07, 1995 (708) 571-2500

Date

Signature