

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 14 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000003423 (0)**

1. Corporation Name
UNITED STATES CAN COMPANY

Principal Place of Business

**800 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

4. FEI Number

06-1145011

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **60523**

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **60523**

30

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

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

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

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **SOLER, FRANCISCO**
CITY-ST-ZIP **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 ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**#10 E. WALNUT
LAKE FOREST IL 60045**

**40 Chelsea Park Gardens
London SW3 6AB England**

14. 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 annual report or 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 on an attachment with an address.

SIGNATURE

[Signature]

4/1/98

CR2E034 (10/97)