

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

**FILED**

**Apr 14 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000003423 (0)**  
1. Corporation Name  
**UNITED STATES CAN COMPANY**



Principal Place of Business <b>800 COMMERCE DRIVE OAK BROOK IL 60521</b>	Mailing Address <b>900 COMMERCE DRIVE OAK BROOK IL 60521</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 <b>60523</b>	29 <b>60523</b>

3. Date Incorporated or Qualified <b>06/29/1994</b>	
4. FEI Number <b>06-1145011</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PCD SMITH, WILLIAM J</b>	1.2 NAME	
STREET ADDRESS	<b>900 COMMERCE DRIVE, STE 302</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL</b>	1.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>V GALVIN, FRANK J</b>	2.2 NAME	
STREET ADDRESS	<b>900 COMMERCE DRIVE, STE 302</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>S STONICH, TIMOTHY W</b>	3.2 NAME	
STREET ADDRESS	<b>900 COMMERCE DRIVE, STE 302</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL</b>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>T ANDRES, PETER J</b>	4.2 NAME	
STREET ADDRESS	<b>900 COMMERCE DRIVE, STE 302</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>OAK BROOK IL</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D BAILER, BENJAMIN F</b>	5.2 NAME	
STREET ADDRESS	<b>P.O. BOX 1892, HERRING HALL 2ND FLOOR</b>	5.3 STREET ADDRESS	<b>#10 E. WALNUT</b>
CITY-ST-ZIP	<b>HOUSTON TX</b>	5.4 CITY-ST-ZIP	<b>LAKE FOREST IL 60045</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SOLER, FRANCISCO</b>	6.2 NAME	
STREET ADDRESS	<b>WATERMEADOW LANE, HARBOUR CLUB</b>	6.3 STREET ADDRESS	<b>40 Chelsea Park Gardens</b>
CITY-ST-ZIP	<b>LONDON SW6 2RR</b>	6.4 CITY-ST-ZIP	<b>London SW36 8D England</b>

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 of the registered 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 all address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

CR2E034 (10/97)