

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90238 002 \*\*\*150.00

DOCUMENT # F94000003423

1. Corporation Name

UNITED STATES CAN COMPANY

Principal Place of Business

900 COMMERCE DRIVE  
OAK BROOK IL 60523  
US

Mailing Address

900 COMMERCE DRIVE  
OAK BROOK IL 60523  
US

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 the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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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 PCD ☒ DELETE

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

TITLE S ☒ DELETE

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

TITLE T ☐ DELETE

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

TITLE D ☐ DELETE

NAME BAILER, BENJAMIN F  
STREET ADDRESS 410 E. WALNUT  
CITY-ST-ZIP LAKE FOREST IL 60045

TITLE D ☐ DELETE

NAME SOLER, FRANCISCO  
STREET ADDRESS 40 CHELSEA PARK GARDENS  
CITY-ST-ZIP LONDON EN SW36A

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PCD ☐ Change ☒ Addition

1.2 NAME Paul W. Jones  
1.3 STREET ADDRESS 900 Commerce Drive, Ste 302  
1.4 CITY-ST-ZIP Oak Brook, IL 60523

2.1 TITLE S ☐ Change ☒ Addition

2.2 NAME Steven K. Sims  
2.3 STREET ADDRESS 900 Commerce Drive, Ste.302  
2.4 CITY-ST-ZIP Oak Brook, IL 60523

3.1 TITLE V ☐ Change ☒ Addition

3.2 NAME John L. Workman  
3.3 STREET ADDRESS 900 Commerce Drive, Ste.302  
3.4 CITY-ST-ZIP Oak Brook, IL 60523

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

630-571-2556

CR2E034 (1/198)