

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004258 (8)

1. Corporation Name

CONTAINER-CARE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

2889 152ND AVE NE #D
REDMOND WA 98052

2889 152ND AVE NE #D
REDMOND WA 98052

3. Date Incorporated or Qualified

3a. Date of Last Report

09/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

Applied For

Not Applicable

91-1345096

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

23 City & State

28 City & State

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 (type or print name of registered agent and title, if applicable)

(If 11. Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME SMITH, KEVIN J
STREET ADDRESS 500 MAYO SHELL RD
CITY-ST-ZIP GALENA PARK TX 77545

DELETE

TITLE V
NAME SWINBURN, ELIZABETH
STREET ADDRESS 1523 BUENA VISTA AVE
CITY-ST-ZIP ALAMEDA CA 94501

DELETE

TITLE V
NAME HARR, MICHAEL J
STREET ADDRESS 500 MAYO SHELL RD
CITY-ST-ZIP GALENA PARK TX 77545

DELETE

TITLE DVST
NAME KNAPP, DENNIS K
STREET ADDRESS 2889 152ND AVE NE #D
CITY-ST-ZIP REDMOND WA 98052

DELETE

TITLE D
NAME CHENU, RUSSELL
STREET ADDRESS MERLIN CENTRE, LEVEL5, 235 PYRMONT ST
CITY-ST-ZIP DARLING HARBOUR, PYRMONT 2009 AUSTRALIA

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

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

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
DENNIS K. KNAPP, VICE PRESIDENT

JUNE 18, 1996 (206)883-2786

(Print)

Daytime Phone #

CR2E034 (3/96)