

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Feb 21, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # F96000006897**1. Entity Name  
CROWN CORK & SEAL COMPANY (USA), INC.Principal Place of Business  
ONE CROWN WAY  
PHILADELPHIA PA 191544599 US  
Mailing Address  
ONE CROWN WAY  
PHILADELPHIA PA 191544599 US

2. Principal Place of Business

3. Mailing Address  
ONE CROWN WAY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

City & State  
PHILADELPHIA PA4. FEI Number  
23-2869494Applied For  
Not Applicable

Zip Country

Zip Country  
191544599 US5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROADPLANTATION FL  
33324 US

Name

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

City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE \_\_\_\_\_ 02/21/2001  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE AT ☐ Delete  
NAME BURNS MICHAEL B  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE V ☒ Change ☐ Addition  
NAME TRUITT ROBERT J  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE AS ☐ Delete  
NAME GALLAGHER WILLIAM  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE AS ☒ Change ☐ Addition  
NAME ROWLEY MICHAEL J  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE VT ☐ Delete  
NAME CALLE CRAIG  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE VT ☒ Change ☐ Addition  
NAME BURNS MICHAEL B  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE DVS ☐ Delete  
NAME KRZYZANOWSKI RICHARD L  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE DVS ☒ Change ☐ Addition  
NAME GALLAGHER WILLIAM T  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE D ☐ Delete  
NAME RUTHERFORD ALAN W  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PA 19154TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE PD ☐ Delete  
NAME CONWAY JOHN W  
STREET ADDRESS ONE CROWN WAY  
CITY-ST-ZIP PHILADELPHIA PATITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE: WILLIAM T. GALLAGHER**

DVS 02/21/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)