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PROFIT . CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9700000942

1. Corporation Name

SCHMALBACH-LUBECA PLASTIC CONTAINERS USA, INC.

						11	11 11 1110 1111 1101 1			4111 BIBIO (601 106)	
Principal P ace of Business Mailing Address						• "					
10521 CITYL ROL MANCHESTER MI 48158		1101 31 ST ST Manchester MI 48158				DO NOT	NAMES OF THE STATE	IE EDACE			
US US						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed					
							•	anred			
9 5: : : : : : : : : : : : : : : : : : :	Land Building	2a. Mailing Address 4				02/21 4. FEI NI				Aprilied For	
	lace of Business	26 10521 Hig	1. 10 (0) .	M-5			26680		<u> </u>	Not Applicable	
21 052 Suite, Act.	# etc / 1/1-52	Suite, Apt. #, etc. (TINAN	' ' ' '						5 A Iditional	
22	<i>", u.u.</i> (27)		*	5. Certifc	ate of Status Desir	red 🗌		Required	
City & State City & State							6. Election Campaign Financing			\$5.00 May Be	
23 Manchester, MI [28] Manchest				er, MI			Trust Fund Contribution Added to Fe			ed to Fees	
Zip	Courtry	Zip	Country	_		8. This co	rporation owes the	e current year	ntangible		
24 481	58 [25] USA	29 48158 I	10 U	SA			al Property Tax.		Yes	□No	
	9. Name and Address of Current	Registered Agent			1	0. Name	and Address of I	New Registers	d Agent		
0. #	CORROBATION CYCTEM		81	Name							
	CORPORATION SYSTEM		82	Street	Ac dress	(P.O. Box	Number is Not Ad	cceptable)			
	SOUTH PINE ISLAND ROAD		-								
PLAF	NTATION FL 33324		83	}							
			84	City				F	85 Z	ip Code	
11 Dursuant	to the provisions of Sections 607.0502	and 607 1508. Florida Statutes	the above	Le-named	ccrporati	ion submit	s this statement for	or the purpose	of changing	its registered	
office crr	registered agent, or bo h, in the State of m familiar with, and accept the obligation	f Florida. Such change was ⊲ut	horized by	the corpo	oration's	board of c	irectors. I hereby	accept the app	ointment as	reg stered	
SIGNATURE											
	Signature, typed or printed na ne of registered agent		Registered Ager	nt signature ri	required whe		NS/CHANGES T	DATE	ND DIREC	TOUR IN 12	
12.	OFFICERS ANI	DELETE	13.			ADDITIO	INS/CHANGES I	O OFFICERS /	Chang		
TITLE	D CEDICO HANDO C		1.1 TITLE							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
NAME	FIEDLER, HANNO C			1.2 NAME 1.3 STREET ADDRESS							
STREET ADDRE 3S	KAISERSWERTHER STRASSE 11	15	1	1	1						
CITY-ST-ZIP	D-40880 RATINGEN, GERMANY		1.4 CITY-ST-ZIP		 				Chang	ge Addition	
TITLE			2.1 TITLE 2.2 NAME							المعاددة الم	
NAME	included the state of the state			T ADODECC							
STREET ADDRESS	14 110211011211111211 011111002 1110			TADORESS	1						
CITY-ST-ZIP	D-40880 RATINGEN, GERMANY			2.4 CITY-ST-ZIP 3.1 TITLE					☐ Chang	ge Addition	
TITLE	D DELETE 3.1 VON DIEMAR, OTHMAR 3.2								'	-	
NAME STREET ADDRESS				TADDRESS							
				T-ZIP							
CITY-ST-ZIP TITLE			4.1 TITLE	,,- <u>Z</u> II					Chang	ge Addition	
NAME	WESTWOOD, WILLIAM J		4.2 NAME		ļ		,		/ \		
STREET ADDRESS	***************************************		1	T ADDRESS	10	521	Hiahu	Nau	M-5	2	
						anch		MT.	4815	8	
TITLE			4.4 CITY-S 5 1 TITLE		- '-'- -			I	Chang	ge Addition	
NAME	MCELYEA, JAMES M		5.2 NAME		Ì						
STREET ADDRESS	1101 31ST ST		5.3 STREET	T ADDRESS	[
CITY-ST-ZIP	DOWNERS GROVE IL 60515		5.4 CITY-S								
TITLE	P DELETE 6.1		6.1 TITLE		Pr	25102	7:		Chang	ge Addition	
NAME	BURKE, WILLIAM	_	6.2 NAME		1_01	ng,	William	1 J.	٧,		
STREET ADDRESS	10521 CITY RD		6.3 STREE	TADDRESS	100	37 ⁰ 1	Highwa	~ M-	52		
UTINEL I ADDRESS	10051 0111 110				" نما	<u> </u>	. ()	\ (ID	- 17		

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 attach nent with an address, with a lother like empowered.

SIGNATURE:

CITY-ST-ZIP

(GOOWISSUIN)