

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # F97000000942**

1. Entity Name

**SCHMALBACH-LUBECA PLASTIC CONTAINERS USA, INC.****FILED**  
**May 30, 2000 8:00 am**  
**Secretary of State**

05-30-2000 90038 044 \*\*\*150.00

Principal Place of Business

Mailing Address

10521 HIGHWAY  
M-52  
MANCHESTER MI 48158  
US10521 HIGHWAY  
M-52  
MANCHESTER MI 48158  
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**36-4126680**

Applied For

Not Applicable

5. 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 ROAD  
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. 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, 2000 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 ☐ Delete  
NAME **D FIEDLER, HANNO C.**  
STREET ADDRESS **KAISERSWERTHER STRASSE 115**  
CITY-ST-ZIP **D-40880 RATINGEN, GERMANY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D HENDERSON, JAN MAARTEN**  
STREET ADDRESS **KAISERSWERTHER STRASSE 115**  
CITY-ST-ZIP **D-40880 RATINGEN, GERMANY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **D VON DIEMAR, OTHMAR**  
STREET ADDRESS **KAISERSWERTHER STRASSE 115**  
CITY-ST-ZIP **D-40880 RATINGEN, GERMANY**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **VCFO WESTWOOD, WILLIAM J.**  
STREET ADDRESS **10521 HIGHWAY, M-52**  
CITY-ST-ZIP **MANCHESTER MI 48158**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **S MCELYEA, JAMES M**  
STREET ADDRESS **1101 31ST ST**  
CITY-ST-ZIP **DOWNERS GROVE IL 60515**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME **P LONG, WILLIAM J**  
STREET ADDRESS **10521 CITY RD**  
CITY-ST-ZIP **MANCHESTER MI 48158**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **10521 Highway M-52**  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)