


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 06, 2006 8:00 am
Secretary of State

09-06-2006 90036 050 ***150.00

DOCUMENT # F97000000942 1. Entity Name AMCOR PET PACKAGING USA, INC.	
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Principal Place of Business 10521 HIGHWAY, M-52 MANCHESTER, MI 48158 US	Mailing Address 10521 HIGHWAY, M-52 MANCHESTER, MI 48158 US
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40102951



07272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-4126680	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VCFO WEBER, LARRY 10521 HIGHWAY M-52 MANCHESTER, MI 48158
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S MCELYEA, JAMES M 10521 HIGHWAY M-52 MANCHESTER, MI 48158
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD LONG, WILLIAM J 10521 HIGHWAY M-52 MANCHESTER, MI 48158
TITLE NAME STREET ADDRESS CITY- ST- ZIP	ASSISTANT SECRETARY SCOTT CHAMBERLY 10521 HIGHWAY M-52 MANCHESTER, MI 48158
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DIRECTOR ROBERT PICKEN 10521 HIGHWAY M-52 MANCHESTER, MI 48158
TITLE NAME STREET ADDRESS CITY- ST- ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Scott R. Chamberly **SCOTT R CHAMBERLY** 08-24-2006 ⁷³⁴ (206) 428-4654
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #