

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001663

1. Entity Name

ALLTRISTA PLASTICS CORPORATION

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90362 044 ***150.00

Principal Place of Business 5878 CASTLE CREEK PARK NORTH DRIVE, SUITE 440 INDIANAPOLIS IN 46250-4330	Mailing Address 5878 CASTLE CREEK PARK NORTH DRIVE, SUITE 440 INDIANAPOLIS IN 46250-4307
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 5875 Castle Creek Parkway Suite, Apt. #, etc. North Drive, Suite 440 City & State Indianapolis, IN Zip 46250-4330 Country Marion	3. Mailing Address 5875 Castle Creek Parkway Suite, Apt. #, etc. North Drive, Suite 440 City & State Indianapolis, IN Zip 46250-4330 Country Marion
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4. FEI Number 35-2000584	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (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) <input type="checkbox"/>	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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C CLARK, THOMAS B 5878 CASTLE CREEK PARK INDIANAPOLIS IN 46250-4330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Clark, Thomas B. 5875 Castle Creek Parkway, North Drive, Suite 440 Indianapolis, IN 46250-4330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ZAPPALA, JOHN F 5878 CASTLE CREEK PARK INDIANAPOLIS IN 46250-4330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Zappala, John F. 5875 Castle Creek Parkway, North Drive, Suite 440 Indianapolis, IN 46250-4330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROWER, KEVIN D. 5878 CASTLE CREEK PARK INDIANAPOLIS IN 46250-4330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Bauer, Kevin D. 5875 Castle Creek Parkway, North Drive, Suite 440 Indianapolis, IN 46250-4330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KNOWLTON, ANGELA K 5878 CASTLE CREEK PARK INDIANAPOLIS IN 46250-4330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Knowlton, Angela K. 5875 Castle Creek Parkway, North Drive, Suite 440 Indianapolis, IN 46250-4330 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 4/24/00 317-577-5000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)