

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

05-02-2001 90053 050 ***150.00

DOCUMENT # F99000001663

1. Entity Name

ALLTRISTA PLASTICS CORPORATION

Principal Place of Business

Mailing Address

**5878 CASTLE CREEK PARK
 NORTH DRIVE, SUITE 440
 INDIANAPOLIS IN 46250-4330**

**5878 CASTLE CREEK PARK
 NORTH DRIVE, SUITE 440
 INDIANAPOLIS IN 46250-4330**

2. Principal Place of Business

5875 CASTLE CREEK PKWY. NORTH

3. Mailing Address

5875 CASTLE CREEK PKWY. NORTH

Suite, Apt. #, etc.

SUITE 440

Suite, Apt. #, etc.

SUITE 440

City & State

INDIANAPOLIS INDIANA

City & State

INDIANAPOLIS INDIANA

Zip

46250-4330

Country

USA

Zip

46250-4330

Country

USA

4. FEI Number

35-2000584

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, 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 **C** ☐ Delete
 NAME **CLARK, THOMAS B**
 STREET ADDRESS **5878 CASTLE CREEK PARK**
 CITY-ST-ZIP **INDIANAPOLIS IN 46250-4330**

TITLE **CO** ☒ Change ☐ Addition
 NAME **CLARK, THOMAS B.**
 STREET ADDRESS **5875 CASTLE CREEK PKWY. NORTH, SUITE 440**
 CITY-ST-ZIP **INDIANAPOLIS, IN 46250-4330**

TITLE **DP** ☒ Delete
 NAME **ZAPPALA, JOHN F**
 STREET ADDRESS **5878 CASTLE CREEK PARK**
 CITY-ST-ZIP **INDIANAPOLIS IN 46250-4330**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **SD** ☐ Delete
 NAME **ROWER, KEVIN D**
 STREET ADDRESS **5878 CASTLE CREEK PARK**
 CITY-ST-ZIP **INDIANAPOLIS IN 46250-4330**

TITLE **SD** ☒ Change ☐ Addition
 NAME **BOWER, KEVIN D.**
 STREET ADDRESS **5875 CASTLE CREEK PKWY. NORTH, SUITE 440**
 CITY-ST-ZIP **INDIANAPOLIS, IN 46250-4330**

TITLE **T** ☐ Delete
 NAME **KNOWLTON, ANGELA K**
 STREET ADDRESS **5878 CASTLE CREEK PARK**
 CITY-ST-ZIP **INDIANAPOLIS IN 46250-4330**

TITLE **TD** ☒ Change ☐ Addition
 NAME **KNOWLTON, ANGELA K.**
 STREET ADDRESS **5875 CASTLE CREEK PKWY. NORTH, SUITE 440**
 CITY-ST-ZIP **INDIANAPOLIS, IN 46250-4330**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ 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:

Angela K. Knowlton

ANGELA K. KNOWLTON

4/24/01

(317) 577-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)