Jun-12-2002 04:23pm From-ALLTRISTA CORP 19149679405

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 23, 2002 8:00 am
Secretary of State
05-20-2002 90312 001 ***300.00

DOCUMENT # F99000001663

1. Entity Name
ALLTRISTA PLASTICS CORPORATION

Principal Place of Business	Mailing Address
5875 CASTLE CREEK PKWY NORTH SUITE 440 INDIANAPOLIS IN 46250-4330 US	5875 CASTLE CREEK PKWY NORTH SUITE 440 INDIANAPOLIS IN 46250-4330 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
345 SOUTH HIGH STREET	345 SOUTH HIGH STREET
Suite, Apt. #, etc.: SUITE 201	Suite, Apt. #, etc.: SUITE 201
City & State: MUNCIE, IN	City & State: MUNCIE, IN
Zip: 47305-2398 Country: USA	Zip: 47305-2398 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

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

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 _____ 04/29/02
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, 2002 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CD CLARK, THOMAS B 5875 CASTLE CREEK PKWY NORTH, SUITE 440 INDIANAPOLIS IN 46250-4330	☒ Delete	PD MARTIN E. FRANKLIN 345 S. HIGH STREET, SUITE 201 MUNCIE, IN 47305-2398	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ROWER, KEVIN D 5875 CASTLE CREEK PKWY NORTH, SUITE 440 INDIANAPOLIS IN 46250-4330	☒ Delete	STD IAN G. H. ASHKEN 345 SOUTH HIGH STREET, SUITE 201 MUNCIE, IN 47305-2398	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T KNOWLTON, ANGELA K 5875 CASTLE CREEK PKWY NORTH, SUITE 440 INDIANAPOLIS IN 46250-4330	☒ Delete	V DESIREE-DESTEFANO 345 SOUTH HIGH STREET, SUITE 201 MUNCIE, IN 47305-2398	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	V SIMON WOOD 345 SOUTH HIGH STREET, SUITE 201 MUNCIE, IN 47305-2398	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (9/01)

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 REQUIRED Simon Wood DESTEFANO 4/29/02 914-967-9400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #