

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003 8:00 am
Secretary of State

04-18-2003 90171 001 ***150.00

0667118 AB

DOCUMENT # F99000001663

1. Entity Name
ALLTRISTA PLASTICS CORPORATION



Principal Place of Business
**345 SOUTH HIGH STREET
SUITE 201
MUNCIE IN 47305-2398
US**

Mailing Address
**345 SOUTH HIGH STREET
SUITE 201
MUNCIE IN 47305-2398
US**



2. Principal Place of Business

555 Theodore Fremd Ave

3. Mailing Address

555 Theodore Fremd Ave

Suite, Apt. #, etc.

Suite B-302

Suite, Apt. #, etc.

Suite B-302

City & State

Rye, NY

City & State

Rye, NY

Zip

10580

Country

USA

Zip

10580

Country

USA

4. FEI Number **35-2000584**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES

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. 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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	FRANKLIN, MARTIN E.	
STREET ADDRESS	345 SOUTH HIGH STREET, SUITE 201	
CITY-ST-ZIP	MUNCIE IN 47305-2398	
TITLE	STD	<input type="checkbox"/> Delete
NAME	ASHKEN, IAN G H	
STREET ADDRESS	345 SOUTH HIGH STREET, SUITE 201	
CITY-ST-ZIP	MUNCIE IN 47305-2398	
TITLE	V	<input type="checkbox"/> Delete
NAME	DESTEFANO, DESIREE	
STREET ADDRESS	345 SOUTH HIGH STREET, SUITE 201	
CITY-ST-ZIP	MUNCIE IN 47305-2398	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WOOD, SIMON	
STREET ADDRESS	345 SOUTH HIGH STREET, SUITE 201	
CITY-ST-ZIP	MUNCIE IN 47305-2398	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Franklin	
STREET ADDRESS	555 Theodore Fremd Ave Ste. B-302	
CITY-ST-ZIP	Rye, NY 10580	
TITLE	Sec, Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Ian G. H. Ashken	
STREET ADDRESS	555 Theodore Fremd Ave. Ste. B-302	
CITY-ST-ZIP	Rye, NY 10580	
TITLE	Sr. VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Desiree Destefano	
STREET ADDRESS	555 Theodore Fremd Ave. Ste. B-302	
CITY-ST-ZIP		
TITLE	Pres- IPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	K.L. Dutreger	
STREET ADDRESS	8307 Ball Road	
CITY-ST-ZIP	Fort Smith, AR 72908-8435	
TITLE	Pres- UAC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	H.C. Watkins	
STREET ADDRESS	1303 Bakersville Road	
CITY-ST-ZIP	Greer, SC 29650-9379	
TITLE	Controller- IPC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	R.L. Turner	
STREET ADDRESS	8307 Ball Road	
CITY-ST-ZIP	Fort Smith, AR 72908-8435	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Desiree Destefano 4-7-03 9149679400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (10/02)

Additions to Directors - continued.

attachment

80087150

#899000001663

Controller- UPC

K.A. Baughman

1303 Batesville Road

Greer, SC 29650-9379