

2002 UNIFORM BUSINESS REPORT (UBR)

9/18/2002-90058-001-\$100.00-\$100.00
* 2/5/2002-90115-029-\$50.00-\$50.00

1 of 2

DOCUMENT # M010000G2352

1. Entity Name

FRANKLIN PLASTICS HOLDINGS LLC

FILED

2002 OCT -4 PM 3:47

DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
88595

Principal Place of Business

Mailing Address

~~5605 N. MACARTHUR BLVD., STE. 360
IRVING, TX 75038~~

~~5605 N. MACARTHUR BLVD., STE. 360
IRVING, TX 75038~~

2. Principal Place of Business

3. Mailing Address

3101 TOWER CREEK PKWY
Suite, Apt. #, etc.

10861 MILL VALLEY ROAD
Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

ATLANTA GA

City & State

OMAHA NE

Zip

30339

Country

Zip

68154

Country

4. FEI Number

91-2113143

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 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. 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 \$50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☒ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP
SEE ATTACHED

TITLE NAME ☐ Delete

STREET ADDRESS
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition

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TITLE NAME ☐ Change ☐ Addition

STREET ADDRESS
CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

9/12/02

(402) 934-2400

Date

Daytime Phone #

CR2E083 (4/02)

Name	Position	Address	SS#
Stephen E. Macadam	President and CEO	3101 Towercreek Parkway Suite 300 Atlanta, Georgia 30339	289-50-6081
Tyler L. Woolson	Chief Financial Officer	3101 Towercreek Parkway Suite 300 Atlanta, Georgia 30339	003-60-3102
Robert K. Brower	Vice President, Operations Services and Procurement	3101 Towercreek Parkway Suite 300 Atlanta, Georgia 30339	017-38-8874
Joyce A. Foster	Vice President, Human Resources	3101 Towercreek Parkway Suite 300 Atlanta, Georgia 30339	154-48-5518
Louis Lettes	Vice President, General Counsel and Secretary	3101 Towercreek Parkway Suite 300 Atlanta, Georgia 30339	409-88-3603
Richard P. Sehring	Vice President, Finance and Accounting	3101 Towercreek Parkway Suite 300 Atlanta, Georgia 30339	106-60-6407

Attchment

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