

## 2002 UNIFORM BUSINESS REPORT (UBR)

192

DOCUMENT # M99000001033

1. Entity Name

Continental Plastic Containers LLC

Not fil

FILED

02 OCT -7 AM 9:18

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

99594



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3101 TOWER CREEK PKWY

3. Mailing Address

10861 MILL VALLEY RD

Suite, Apt. #, etc.

Suite 300

Suite, Apt. #, etc.

City &amp; State

ATLANTA

GA

City &amp; State

OMAHA

NE

Zip

30339

Country

Zip

68154

Country

4. FEI Number

06-1056158

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$5.00 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. 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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	MGRM	PLASTIC CONTAINERS LLC	2515 MCKINNEY AVENUE #850	
		DALLAS TX 75201		

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
		SEE ATTACHED			

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"/> Change	<input type="checkbox"/> Addition

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"/> Change	<input type="checkbox"/> Addition

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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 REQUIRED  
SEHRING

9/12/02

(402) 934-2400

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

Date

Daytime Phone #

CR2E083 (4/02)

292

**MANAGING MEMBERS**

<u>NAME</u>	<u>ADDRESS</u>
Stephen E. Macadam	3101 Towercreek Parkway, Suite 300 Atlanta, GA 30339
Tyler L. Woolson	3101 Towercreek Parkway, Suite 300 Atlanta, GA 30339
Louis Lettes	3101 Towercreek Parkway, Suite 300 Atlanta, GA 30339
Richard P. Sehring	3101 Towercreek Parkway, Suite 300 Atlanta, GA 30339