

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90002 020 \*\*\*150.00

|  |  |
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| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1999</b> |  <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Katherine Harris</b><br>Secretary of State<br><b>DIVISION OF CORPORATIONS</b> |
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**DOCUMENT # P01026**

1. Corporation Name  
**TETRA PAK INC.**

Principal Place of Business  
**333 WEST WACKER DRIVE. 15TH FLOOR**  
**CHICAGO IL 60606**

Mailing Address  
**333 WEST WACKER DRIVE. 15TH FLOOR**  
**CHICAGO IL 60606**



DO NOT WRITE IN THIS SPACE

|                                |                     |                     |                     |   |  |
|--------------------------------|---------------------|---------------------|---------------------|---|--|
| 2. Principal Place of Business |                     | 2a. Mailing Address |                     | 3. Date Incorporated or Qualified<br><b>02/24/1984</b>  |  |
| 21                             | Suite, Apt. #, etc. | 26                  | Suite, Apt. #, etc. | 4. FEI Number<br><b>75-1537534</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 22                             | City & State        | 27                  | City & State        | 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75</b> Additional Fee Required                  |
| 23                             | Zip                 | 28                  | Zip                 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>   | <b>\$5.00</b> May Be Added to Fees                     |
| 24                             | Country             | 29                  | Country             | 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

10. Name and Address of New Registered Agent

|    |  |
|----|--|
| 81 | Name   |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 |  |
| 84 | City   |
| 85 | Zip Code   |

**FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                     | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                     |
|----------------------------|---------------------|---|---------------------|
| TITLE                      | PD                  | 1.1 TITLE   |                     |
| NAME                       | JONSSON, DENNIS     | 1.2 NAME  |                     |
| STREET ADDRESS             | 333 W WACKER DR     | 1.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | CHICAGO IL          | 1.4 CITY-ST-ZIP                                       |                     |
| TITLE                      | VTD                 | 2.1 TITLE   | VTD                 |
| NAME                       | LOPEZ, RUBEN        | 2.2 NAME  | KENNEL, BRIAN       |
| STREET ADDRESS             | 333 W WACKER DR     | 2.3 STREET ADDRESS                                    | 333 W. WACKER DR.   |
| CITY-ST-ZIP                | CHICAGO IL          | 2.4 CITY-ST-ZIP                                       | CHICAGO, IL 60606   |
| TITLE                      | VS                  | 3.1 TITLE   |                     |
| NAME                       | FELZEN, JOHN M.     | 3.2 NAME  |                     |
| STREET ADDRESS             | 333 W. WACKER DRIVE | 3.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | CHICAGO IL          | 3.4 CITY-ST-ZIP                                       |                     |
| TITLE                      | AS                  | 4.1 TITLE   | AS                  |
| NAME                       | KENNEL, BRIAN       | 4.2 NAME  | MICHAEL BERTOLINO   |
| STREET ADDRESS             | 333 W WACKER DR     | 4.3 STREET ADDRESS                                    | 1616 W. 31ST ST.    |
| CITY-ST-ZIP                | CHICAGO IL          | 4.4 CITY-ST-ZIP                                       | VANCOUVER, WA 98660 |
| TITLE                      | AS                  | 5.1 TITLE   |                     |
| NAME                       | WHITE, TERRY        | 5.2 NAME  |                     |
| STREET ADDRESS             | 3300 AIRPORT RD.    | 5.3 STREET ADDRESS                                    |                     |
| CITY-ST-ZIP                | DENTON TX           | 5.4 CITY-ST-ZIP                                       |                     |
| TITLE                      | AS                  | 6.1 TITLE   | AS                  |
| NAME                       | BAKER, ROBERT L.    | 6.2 NAME  | BAKER, ROBERT L.    |
| STREET ADDRESS             | 1616 W 31 ST        | 6.3 STREET ADDRESS                                    | 333 W. WACKER DR.   |
| CITY-ST-ZIP                | VANCOUVER WA        | 6.4 CITY-ST-ZIP                                       | CHICAGO, IL 60606   |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Brian Kennel*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(312) 553-9200

CR2E034.(1/1/98)

244943-90002-20  
PO1026

TETRA PAK INC.  
(a Texas Corporation)

**ADDITIONAL OFFICERS/DIRECTORS**

| <b><u>Title</u></b> | <b><u>Name</u></b> | <b><u>Address</u></b>                         |
|---------------------|--------------------|---|
| Chairman / Director | Nicholas Shreiber  | 1100 Peachtree Street<br>Atlanta, GA 30309    |
| Assistant Secretary | Dan Tesla          | 110 Erie Street<br>Pomona, CA 91768           |
| Assistant Secretary | James F. Walborg   | 2200 East Malone Avenue<br>Sikeston, MO 63801 |
| Assistant Secretary | George White       | 5201 Investment Drive<br>Ft. Wayne, IN 46808  |
| Assistant Treasurer | Vincent Lefevbre   | 333 W. Wacker Drive<br>Chicago, IL 60606      |
| Assistant Treasurer | Brent Zuercher     | 333 W. Wacker Drive<br>Chicago, IL 60606      |