FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P13501 (2)

1. Corporation Name
P&O CONTAINERS (AGENGIES) INC.

Principal Place of Business	Mailing Address
ONE MEADOWLANDS PLAZA EAST RUTHERFORD NJ 07073	ONE MEADOWLANDS PLAZA EAST RUTHERFORD NJ 07073

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/06/1987
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 22-2785152 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	RANKIN, C. J.	12 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	13 STREET ADDRESS	
CITY-ST-ZIP	E. RUTHERFORD NJ	14 CITY-ST-ZIP	
TITLE	SVD	21 TITLE	☐ Change ☐ Addition
NAME	SWEEDLUND, O. A.	22 NAME	
STREET ADDRESS	ONE MEADOWLAND PLAZA	23 STREET ADDRESS	
CITY-ST-ZIP	E. RUTHERFORD NJ	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	CONNARD, CARROLL S.	32 NAME	
STREET ADDRESS	ONE MEADOWLAND PLAZA	33 STREET ADDRESS	
CITY-ST-ZIP	E. RUTHERFORD NJ	34 CITY-ST-ZIP	
TITLE	VPT	41 TITLE	☐ Change ☐ Addition
NAME	SHAHBAZIAN, P. L.	42 NAME	
STREET ADDRESS	ONE MEADOWLAND PLAZA	43 STREET ADDRESS	
CITY-ST-ZIP	E. RUTHERFORD NJ	44 CITY-ST-ZIP	
TITLE	VP	51 TITLE	☐ Change ☐ Addition
NAME	HARDING, C.O.	52 NAME	
STREET ADDRESS	ONE MEADOWLAND PLAZA	53 STREET ADDRESS	
CITY-ST-ZIP	E. RUTHERFORD NJ	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	D ☐ Change ☐ Addition
NAME	FORROW, MICHAEL S.	62 NAME	Stephen Bishop
STREET ADDRESS	ONE MEADOWLAND PLAZA	63 STREET ADDRESS	One Meadowlands Plaza
CITY-ST-ZIP	E. RUTHERFORD NJ	64 CITY-ST-ZIP	E. Rutherford, NJ

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: [signature] Secretary 2-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date — Daytime Phone #

0395070 FP