

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P19960 (4)
1. Corporation Name
GENSTAR CONTAINER CORPORATION



Principal Place of Business
505 MONTGOMERY STREET, 23RD FLOOR
SAN FRANCISCO CA 94111

Mailing Address
DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-1800
US

3. Date Incorporated or Qualified 07/06/1988
3a. Date of Last Report 04/14/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 84-2770444	Applied For Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip Country	28. Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	VP-TAXES
NAME	CHE, R.M.	1.2 NAME	Jeffrey L Hyde
STREET ADDRESS	2312 PACIFIC AVE	1.3 STREET ADDRESS	260 Long Ridge Rd
CITY-ST-ZIP	SAN FRANCISCO CA	1.4 CITY-ST-ZIP	Stamford CT 06927
TITLE	D	2.1 TITLE	
NAME	AMBLE, DAVID G	2.2 NAME	
STREET ADDRESS	2100 POST RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	
NAME	MCANANEY, BRIAN T.	3.2 NAME	
STREET ADDRESS	18 PROSPECT AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	DARIEN CT	3.4 CITY-ST-ZIP	
TITLE	V	4.1 TITLE	
NAME	BRENNAN, WILLIAM	4.2 NAME	
STREET ADDRESS	21 ROUND HILL DR	4.3 STREET ADDRESS	
CITY-ST-ZIP	FAIRFIELD CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	FIGORE, DOMINIC A	5.2 NAME	
STREET ADDRESS	211TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	BAYSIDE NY	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	
NAME	WIEGAND, JOHN L.	6.2 NAME	
STREET ADDRESS	505 MONTGOMERY ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: 4-27-97
Daytime Phone #: 352-4544

CR2E034 (9/96)