

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

FILED
May 15 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
280 LONG RIDGE RD.
STAMFORD CT 06927-9621
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/06/1988	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 94-2770444	Applied For <input type="checkbox"/> Not Applicable
23. Zip	24. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
25. Country		30. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
25. Country		30. Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" 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. City		84. City	
85. Zip Code		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 _____ (NOTE: Registered Agent's signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	Asst Trans. TAXES
NAME	CHE, R.M.	1.2 NAME	GARY J. SCHULMAN
STREET ADDRESS	2312 PACIFIC AVE	1.3 STREET ADDRESS	777 Long Ridge Road
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	VPT	4.1 TITLE	
NAME	HYDE, JEFFREY L	4.2 NAME	
STREET ADDRESS	280 LONG RIDGE RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	STAMFORD CT	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	WIEGAND, JOHN L.	5.2 NAME	
STREET ADDRESS	505 MONTGOMERY ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAN FRANCISCO CA	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: *Gary J. Schulman* **GARY J. SCHULMAN** 4-27-98 208 357-4544

CR2E034 (10/97)