

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

0670851 AB

DOCUMENT # P19960

1. Entity Name

GENSTAR CONTAINER CORPORATION



Principal Place of Business
1111 BROADWAY
1660
OAKLAND CA 94607

Mailing Address
1111 BROADWAY
1660
OAKLAND CA 94607
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number

94-2770444

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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 \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
NAME **AMBLE, DAVID G**
STREET ADDRESS **260 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06927**

TITLE **DP** ☐ Change ☒ Addition
NAME **JAMES T. BREEDLOVE**
STREET ADDRESS **120 Long Ridge Road**
CITY-ST-ZIP **Stamford, CT 06927**

TITLE **VPT** ☐ Delete
NAME **HYDE, JEFFREY L**
STREET ADDRESS **777 LONG RIDGE ROAD**
CITY-ST-ZIP **STAMFORD CT 06927**

TITLE **DP** ☐ Change ☒ Addition
NAME **ARTHUR H. HARPER**
STREET ADDRESS **120 LongRidge Road**
CITY-ST-ZIP **Stamford, CT 06927**

TITLE **ATT** ☐ Delete
NAME **AMATO, JOHN**
STREET ADDRESS **777 LONG RIDGE RD**
CITY-ST-ZIP **STAMFORD CT 06927**

TITLE **VP of President** ☐ Change ☒ Addition
NAME **OSCAR D. GROOMES**
STREET ADDRESS **161 N. Clark Street**
CITY-ST-ZIP **Chicago, IL 60601**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **Treasurer**
STREET ADDRESS **MICHAEL B. MCMAHON**
CITY-ST-ZIP **161 N. Clark Street**
Chicago, IL 60601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **OLIVER W. R. CHAMPAGNE, JR.**
CITY-ST-ZIP **161 N. Clark Street**
Chicago, IL 60601

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **GORDON L. SCHROEDER**
CITY-ST-ZIP **161 N. Clark Street, Chicago, IL 60601**

12. 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 or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all of the like empowered.

SIGNATURE:

Oliver W. R. Champagne, Jr.
OLIVER W. R. CHAMPAGNE, JR.

APR 24, 2003

312-853-5000

Daytime Phone #

CR2E034 (10/02)

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attachment

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TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AMBLE, DAVID G 260 LONG RIDGE ROAD STAMFORD CT 06927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT HYDE, JEFFREY L 777 LONG RIDGE ROAD STAMFORD CT 06927	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ATT AMATO, JOHN 777 LONG RIDGE RD STAMFORD CT 06927	<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	VP, CFO PETER L. SEPE 161 N. Clark Street Chicago, IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JAMES G. KACHIDURIAN 161 N. Clark Street Chicago, IL 60601	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Taxes JOSEPH T. CASSIDY 777 Long Ridge Road Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Taxes KENNETH E. KEMPSON 777 Long Ridge Road Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP-Taxes DONNA M. FIAMMETTA 777 Long Ridge Road Stamford, CT 06927	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #