

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 PM 12:13

DOCUMENT # P25894

(7)

1. Corporation Name

CROWN CORK & SEAL COMPANY, INC.

Principal Place of Business

**9000 ASHTON ROAD
PHILADELPHIA PA 19114-3464**

Mailing Address

**9000 ASHTON ROAD
PHILADELPHIA PA 19114-3464**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1989

3a. Date of Last Report

02/22/1994

4. FCI Number

23-1526444

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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

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

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

NOTE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

CD

AVERY, WILLIAM J.

9300 ASHTON ROAD

PHILADELPHIA PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VD

MCKENNA, MICHAEL J.

9300 ASHTON ROAD

PHILADELPHIA PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BUTWEL, HENRY E.

70 W. PICKERING ROAD

RICHBORO PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VDS

KRZYZANOWSKI, RICHARD L.

9300 ASHTON ROAD

PHILADELPHIA PA

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DALTON, FRANCIS X.

3796 CRACKER WAY

BONITA SPRINGS FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

DUNLEAVY, FRANCIS J.

560 MORRIS ROAD, BOX 208

BLUE BELL PA

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Francis J. Dunleavy
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR

3-24-95

215-698-5340