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

PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

(1)

DART CONTAINER CORPORATION OF CALIFORNIA Principal Place of Business Mailing Address 500 HOGSBACK ROAD 500 HOGSBACK ROAD											
MASON MI	18854		MASON MI 48854				3. Date incorporated or Qualified 11/06/1989	3a. Date 0	of Last Re		
2. Principal Pla	ce of Business	2a.	Mailing Address				4. FEI Number 38-2592818	 		Applied For	
21		26	Cuita Ant # ata							Not Applicable Additional	
Suite, Apt. #	e, etc.	27	Suite, Apt. #, etc.				5. Certificate of Status Desired			Required	
City & State			City & State				6. Election Campaign Financing			May Be	
23		28		7-0-			Trust Fund Contribution 8. This corporation has liability for			d to Fees	
Zip	Country	29	Zip	30	ıntry			intangioie ta/ i X INo	COHOOLS	193.002,	
24	9. Name and Address of Curre		stered Agent	1301			10. Name and Address of New	Registered A	gent		
	9. Harrie and Addition of Carre				81	Name		-			
DART I	KENNETH B.				82	Street Addr	Villiam A. Dart ress (P.O. Box Number is Not Accepta	ole)			
4610 AIRPORT ROAD						1	952 Field Road	. <u> </u>			
	CITY FL 33567				83	ĺ					
					84			FL	85 Z	ip Code 34231	
	40 11 007 057	20	07 1500 Florido Statut	or the ab		·	Sarasota ration submits this statement for the proof of directors. Thereby accept the ac		ogino ite	registered office	
11. Pursuant t or register	o the provisions of Sections 607.050 ed agent, or both, in the State of Flo	orida. Syc	n change was authorize	ed by the	corp	oration's boa	ration submits this statement for the pird of directors. I hereby accept the app	pointment as	registere	d agent. I am	
familiar wit	th, and artept the obligations of Se	ction (507	10505, Florida Statutes	i. 1 i om i		Dort (^c hairman	4/26/96	5		
SIGNATURE	Sintaicae hylled winning of reportered ago	Hang die	Lande (No	Tt: Registere	d Ago	nt signature require	d when reinstating!	DATE			
12.	OFFICERS A	ND DIRE	C1ORS	13.			ADDITIONS/CHANGES TO OF				
TITLE	C		☐ DELETE	1 1	TITLE			L	Change	☐ Addition	
NAME	DART, WILLIAM A			1	AME						
STHEET ADDRESS	1952 FIELD ROAD					T ADDRESS					
CITY - ST - ZIP	SARASOTA FL		DELETE			ST-ZIP			Change	Addition	
TITLE	VD		[_] מנננונ		TITLE NAME			_	,-		
NAME	DART, ROBERT C GARRETTS LANE CRADLE	V LIEAT	ru			T ADDRESS					
STREET ADDRESS	WARLEY W	I HEAL	1111	1		S1-ZIP					
CITY-ST-ZIP TITLE	SD WARLET W		☐ DELETE		TITLE				Change	Add-tion	
NAME	SCHWENDENER, BENJAM	IIN O.			NAME						
STREET ADDRESS	4084 VANATTA ROAD			3.3.	STREE	et address					
City-St-Z-P	OKEMOS MI			3.4	CITY-	ST-ZIP					
THLE	T		DELETE	4.1	TITLE			(Change	Addition	
NAME	MYERS, WILLIAM L.			4.2	NAME						
SIREET ADDRESS	2509 WOODVIEW DRIVE			4.3	STREE	T ADDRESS					
CITY-ST-ZIP	LANSING MI		P3 65, 575			\$1-ZIP			Char ge	e [7] Addition	
TITLE	PD PART HENDICTH D		☐ DELETE		TITLE			,			
NAME	DART, KENNETH B	V 0407/	D AT/A		NAME						
STREET ADDRESS	N SOUND ROAD P O BO	A 313/i	C IN/M			ET ADDRESS					
CITY-SI-ZIP	GRAND CAYMAN CA		DELETE		CHY-	- ST - ZIP			Charge	e Addition	
TITLE	DART, CLAIRE T.		_ section		NAME						
NAME	1952 FIELD RD					ET ADDRESS					
STREET ADDRESS	SARASOTA FL					- ST - ZIP					
CITY - ST - ZIP	VALENOVIA I E						and the second	O OTKOVIA EL	and Con	tuton I further	

14. If 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)(k). 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:

William L. Myers

Treasurer

Date

(517)676-3803 4/19/96

CR2E034 (12/95)