Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90043 047 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P26844

1. Corporation Name

DART CONTAINER CORPORATION OF CALIFORNIA

Principal Place of Business Mailing Address								-		
500 HOGSBACK ROAD MASON MI 48854			500 HOGSBACK ROAD MASON MI 48854-9547							
								DO NOT WRITE IN THIS SPACE		
		US						3. Date Incorporated or Qualifed		
								11/06/1989		
2 Principal D	loco of Business	2a. i	Mailing Address					4. FEI Number Applied For		
2. Principal Place of Business		\vdash	26					38-2592818 Not Applicable		
Suite, Apt. #, etc.		-	Suite, Apt. #, etc.					\$8.75 Additional		
22		27	27				-	Certificate of Status Desired		
City & State			City & State					6. Election Campaign Financing \$5.00 May Be		
23		28						Trust Fund Contribution Added to Fees		
Zip	Country	-	Zip Cou					8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	25	29		30				Personal Property Tax. Light Yes Light No. 10. Name and Address of New Registered Agent		
	9. Name and Address of Curre	nt Registe	ered Agent		81	Nan		10. Name and Address of New Registered Agent		
DAR	T, WILLIAM A					11011				
1952 FIELD ROAD						Stre	et Addre	ddress (P.O. Box Number is Not Acceptable)		
	ASOTA FL 34231			ŀ	83	<u> </u>				
J. 11	the state of the s					İ				
	$-G_{ij}^{(n)} = g_{ij} + \frac{\alpha_i}{2} e^{i \frac{\pi}{2} \epsilon_i} e^{i \frac{\pi}{2} \epsilon_i}$				84	City		FL 85 Zip Code		
44.5	607.05	12 and 60	7 1509 Florido Statui	toe the at	2006	-nam	ed come	oration submits this statement for the numose of changing its registered		
office or r	edistered agent or both in the State	of Florida	i. Such change was a	uthonzed	DΥ	the co	rporatio	on's board of directors. I hereby accept the appointment as registered		
agent. I a	m familiar with, and accept the obliga	ations of, S	Section 607.0505, Flo	orida Statu	ıtes.	•				
SIGNATURE	Signature, typed or printed name of registered age	and the W	onnieshio (MOTI	- Degletered	Agen	nt eionati	re required	d when reinstating) DATE		
12.	OFFICERS A			13.	rigion	ii signat	10,044.00	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD		☐ DELETE	1.1 TIT	ΊΕ			Change Addition		
NAME	DART, WILLIAM A			1.2 NA	ME.					
STREET ADDRESS	1952 FIELD ROAD			1.3 ST	REET	TADDRE	SS			
CITY-ST-ZIP	SARASOTA FL 34231					T- ZIP				
TITLE	VD			2.1 TIT	2.1 TITLE			X Change ☐ Addition		
NAME	DART, ROBERT C			2.2 NAME						
STREET ADDRESS	GARRETTS LANE CRADLEY H	EATH	•	2.3 ST	REET	T ADDRE	ss N	N. SOUND RD. P.O. BOX 31363 SMB		
CITY-ST-ZIP	WARLEY W MIDLNDS EN B64	5		2. 4 CI	TY-S	ST-ZIP		GRAND CAYMAN, CAYMAN ISLAND B.W.I.		
TITLE	S		☐ DELETE	3.1 TIT	rle.			. 🔀 Change 🗋 Addition		
NAME	LAMMERS, JAMES D			3.2 NA	ME		5	500 HOGSBACK RD.		
STREET ADDRESS	820 BEECH ST			3.3 ST	REET	TADDRE	ss 1	MASON, MI 48854-9547		
CITY-ST-ZIP	EAST LANSING MI 48823			3.4. CI	TY-S	ST-ZIP				
TITLE	T		☐ DELETE	4.1 TIT	Œ			[X Change ☐ Addition		
NAME	MYERS, WILLIAM L.			4.2 N	AME		١,	FOO HOOGBACK BB		
STREET ADDRESS	2509 WOODVIEW DRIVE			4.3 ST	REET	T ADDRE		500 HOGSBACK RD.		
CITY-ST-ZIP	LANSING MI 48911			4.4 CF	7Y-8	T-ZIP	1	MASON, MI 48854-9547		
TITLE	PD		☐ DELETE	5.1 TT	ΤLE		ŀ			
NAME	DART, KENNETH B			5.2 NA				N. SOUND RD. P.O. BOX 31372 SMB		
STREET ADDRESS		372 N/A			STREET ADDRESS		22	GRAND CAYMAN, CAYMAN ISLAND B.W.I.		
CITY-ST-ZIP	GRAND CAYMAN CA				_	T-ZIP	`			
TITLE	D		☐ DELETE	6.1 TT				☐ Change ☐ Addition		
NAME	DART, CLAIRE T.			6.2 NA						
	1952 FIFI D RD			6351	REF	TADDRE	ss I			

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 chapted, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: 4

CITY-ST-ZIP

SARASOTA FL 34231