2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

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FILED Jan 22, 2001 8:00 am **DOCUMENT # P26844** Secretary of State 1. Entity Name DART CONTAINER CORPORATION OF CALIFORNIA 01-22-2001 90018 039 ***150.00 Principal Place of Business Mailing Address 500 HOGSBACK ROAD 500 HOGSBACK ROAD MASON MI 48854 MASON MI 48854-9547 0 0 5 3 1 2 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 38-2592818 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired _____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DART, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 1952 FIELD ROAD SARASOTA FL 34231 City Zip Code FI 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. 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 4 CD ☐ Delete TITLE Change ☐ Addition CR2E034 (10/00) DART, WILLIAM A NAME NAME STREET ADDRESS 1952 FIELD ROAD STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34231 CITY-ST-ZIP ۷D ☐ Delete ☐ Addition TITLE TITLE ☐ Change DART, ROBERT C NAME NAME STREET ADDRESS N. SOUND RD., PO BOX 31363 SMB STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRAND CAYMAN, CI B.W.I TITLE Delete TITLE Change ☐ Addition LAMMERS, JAMES D NAME NAME STREET ADDRESS 500 HOGSBACK RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MASON MI 48854-9547 TITLE ☐ Delete TITLE ☐ Change ☐ Addition MYERS, WILLIAM L. NAME STREET ADDRESS STREET ADDRESS 500 HOGABACK RD CITY-ST-ZIP MASON MI 48854-9547 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME DART, KENNETH B NAME STREET ADDRESS N SOUND RD PO BOX 31372 SMB STREET ADDRESS CITY-ST-ZIP GRAND CAYMAN CI B WI CITY-ST-ZIP TITLE ☐ Delete TIT! F ☐ Change Addition NAME DART, CLAIRE T. NAME STREET ADDRESS STREET ADDRESS 1952 FIELD RD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34231 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

William L. Myers

1-10-2001 (517) 676-3803