2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2009
Secretary of State

DOCUMENT# P26844

Entity Name: DART CONTAINER CORPORATION OF CALIFORNIA

Current Principal Place of Business:

500 HOGSBACK ROAD
MASON, MI 488549547

New Principal Place of Business:

Current Mailing Address:

500 HOGSBACK ROAD
MASON, MI 488549547 US

New Mailing Address:

FEI Number: 38-2592818 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DART, WILLIAM A
1952 FIELD ROAD
SARASOTA, FL 34231 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	CD	( ) Delete
Name:	DART, WILLIAM A	
Address:	1952 FIELD ROAD	
City-St-Zip:	SARASOTA, FL 34231	
Title:	VD	( ) Delete
Name:	DART, ROBERT C	
Address:	WINWARD 3, REGATTA OFF., PO BOX 31363	
City-St-Zip:	GRAND CAYMAN KY1-1206, BW CI	
Title:	S	( ) Delete
Name:	LAMMERS, JAMES D	
Address:	500 HOGSBACK RD.	
City-St-Zip:	MASON, MI 488549547	
Title:	T	( ) Delete
Name:	FOX, KEVIN M	
Address:	500 HOGSBACK RD	
City-St-Zip:	MASON, MI 488549547	
Title:	PD	( ) Delete
Name:	DART, KENNETH B	
Address:	WINWARD 3, REGATTA OFF., PO BOX 31372	
City-St-Zip:	GRAND CAYMAN KY1-1206, BW CI	
Title:	D	( ) Delete
Name:	DART, CLAIRE T	
Address:	1952 FIELD RD	
City-St-Zip:	SARASOTA, FL 34231	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES D. LAMMERS S 04/14/2009

Electronic Signature of Signing Officer or Director — Date