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Feb 19 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P29144 (3)

1. Corporation Name
P & O CONTAINERS LIMITED CORPORATION

Principal Place of Business
ONE MEADOWLANDS PLAZA
EAST RUTHERFORD NJ 07073

Mailing Address
ONE MEADOWLANDS PLAZA
EAST RUTHERFORD NJ 07073-2100



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		04/25/1990	02/16/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		98-0106880	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. - CSE Networks				<input type="checkbox"/> Yes <input type="checkbox"/> No	
1201 HAYES STREET				10. Name and Address of New Registered Agent	
STE. 105				81 Name	
TALLAHASSEE FL 32301				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	RANKIN, C.J.	1.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	1.3 STREET ADDRESS	
CITY-ST-ZIP	E RUTHERFORD NJ	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	
NAME	BISHOP, STEPHEN	2.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	2.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ	2.4 CITY-ST-ZIP	
TITLE	AS	3.1 TITLE	
NAME	CONNARD, C.S.	3.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	3.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	WOODS, R.B.	4.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	4.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HARRIS, T.C.	5.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	5.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	NEWTON, J.T.	6.2 NAME	
STREET ADDRESS	ONE MEADOWLANDS PLAZA	6.3 STREET ADDRESS	
CITY-ST-ZIP	EAST RUTHERFORD NJ	6.4 CITY-ST-ZIP	

14. I do 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 changed, or on an attachment with an address.

SIGNATURE: Carroll S. Connard 2-14-97 201 896 6325
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)