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 # **P32565** **(4)**

1. Corporation Name

PCA BOX COMPANY

Principal Place of Business	Mailing Address
1603 ORRINGTON AVENUE EVANSTON IL 60201	1603 ORRINGTON AVENUE EVANSTON IL 60201

3. Date Incorporated or Qualified: 01/23/1991
3a. Date of Last Report: 04/24/1995
4. FEI Number: 76-0328420 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business — 21 — Suite, Apt. #, etc. 22 — City & State 23 — Zip 24 — Country 25

2a. Mailing Address — 26 — Suite, Apt. #, etc. 27 — City & State 28 — Zip 29 — Country 30

9. **Name and Address of Current Registered Agent**

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. **Name and Address of New Registered Agent**

81 Name
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

12. OFFICERS AND DIRECTORS / 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. Officers and Directors		Delete	13. Additions/Changes	Change	Addition
TITLE	CEO	[ ]		[ ]	[ ]
NAME	STECKO, PAUL T				
STREET ADDRESS	1603 ORRINGTON AVENUE				
CITY-ST-ZIP	EVANSTON IL				
TITLE	~~VD~~	[X]	VTC.	[ ]	[X]
NAME	HARLOW, R.D.		SUZANNE M. LEFEVRE		
STREET ADDRESS	1603 ORRINGTON AVENUE		1603 ORRINGTON AVENUE		
CITY-ST-ZIP	EVANSTON IL		EVANSTON IL		
TITLE	VD	[ ]		[ ]	[ ]
NAME	SWEENEY, W.J.				
STREET ADDRESS	1603 ORRINGTON AVENUE				
CITY-ST-ZIP	EVANSTON IL				
TITLE	~~V~~	[ ]	VP	[ ]	[ ]
NAME	R.A. PAGE				
STREET ADDRESS	1603 ORRINGTON AVENUE				
CITY-ST-ZIP	EVANSTON IL				
TITLE	VAS	[ ]		[ ]	[ ]
NAME	JAMES FAULKNER				
STREET ADDRESS	1603 ORRINGTON AVENUE				
CITY-ST-ZIP	EVANSTON IL				
TITLE	S	[ ]		[ ]	[ ]
NAME	STEWART, KARL A.				
STREET ADDRESS	1010 MILAM STREET				
CITY-ST-ZIP	HOUSTON TX				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] Suzanne M. Lefevre — 847-492-4439

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #

CR2E034 (12/95)