FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Moriham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (8)SOLO CUP COMPANY Principal Place of Business Mailing Address 1700 OLD DEERFIELD RD. 1700 OLD DEERFIELD RD. HIGHLAND PARK IL 60035 HIGHLAND PARK IL 60035 3. Date incorporated or Qualified 3a. Date of Last Report 06/11/1991 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 36-3307867 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032. yes □ No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST SUITE 105 83 TALLAHASSEE FL 32301 City 84 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 Signature, typed or printed name of registered agent and title it applicable (NOTE: Registered Agent signal prorequired when reinstating) DATE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1. 1 TOLE DIRECTOR HULSEMAN, ROBERT L. 1.2 NAME GEORGIA HULSEMAN 1700 OLD DEERFIELD RD. 1.3 STREET ADDRESS 1700 OLD DEERFIELD ROAD HIGHLAND PARK IL 1.4 CITY - ST - ZIP HIGHLAND PARK, IL 60035 DVS TT DELETE Change 2 1 TITLE Addition

12. 2 THILE NAME CR2E034 STREET ADDRESS CITY-ST-ZIP 31115 NAME HULSEMAN, JOHN F. 2.2 NAME 1700 OLD DEERFIELD RD. STREET ADDRESS 2.3 STREET ADDRESS HIGHLAND PARK IL CITY-ST-ZIP 2.4 CITY - ST - ZIP DVT TITLE T DELETE 3 1 HH F Change Addition WHALEY, RONALD L. NAME 3.2 NAME 1700 OLD DEERFIELD RD. STREET ADDRESS 3.3 STREET ADDRESS HIGHLAND PARK IL CHTY-ST-ZIP 34 CITY-ST-ZIP DVS TITLE DELETE 4 1 TITLE Change Addition CARTER, E. LEO NAME 4.2 NAME 1700 OLD DEERFIELD RD. STREET ADDRESS 4.3 STREET ADDRESS HIGHLAND PARK IL CITY-ST-ZIP 4.4 CiTY - ST - ZiP TITLE □ DELETE 5. 1 TITLE Change Addition BENSTEIN, ROBERT F NAME 5.2 NAME 1700 OLD DEERFIELD RD STREET ADDRESS 5.3 STREET ADDRESS HIGHLAND PARK IL CITY-ST-ZIP 5.4 CITY - \$1 - ZIP DELFIE TITLE 6.1 Till E Change Addition NAME HULSEMAN, SHEILA 6.2 NAM2 1700 OLD DEERFIELD RD STREET ADDRESS HIGHLAND PARK IL CITY-ST-ZIP 64 CITY - ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME

RONALD L. WHALEY GIGNING OFFICER OR DIRECTOR

(847)831-4800