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Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P34261**

(8)

1. Corporation Name

SOLO CUP COMPANY

Principal Place of Business

**1700 OLD DEERFIELD RD.
HIGHLAND PARK IL 60035**

Mailing Address

**1700 OLD DEERFIELD RD.
HIGHLAND PARK IL 60035-3000**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/11/1991	3a. Date of Last Report 05/14/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 36-3307867		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYES ST
SUITE 105
TALLAHASSEE FL 32301**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DIRECTOR
NAME	HULSEMAN, ROBERT L.	1.2 NAME	GEORGIA HULSEMAN
STREET ADDRESS	1700 OLD DEERFIELD RD.	1.3 STREET ADDRESS	1700 OLD DEERFIELD ROAD
CITY-ST-ZIP	HIGHLAND PARK IL	1.4 CITY-ST-ZIP	HIGHLAND PARK, IL 60035
TITLE	DVS	2.1 TITLE	
NAME	HULSEMAN, JOHN F.	2.2 NAME	
STREET ADDRESS	1700 OLD DEERFIELD RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	
NAME	WHALEY, RONALD L.	3.2 NAME	
STREET ADDRESS	1700 OLD DEERFIELD RD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	3.4 CITY-ST-ZIP	
TITLE	DVS	4.1 TITLE	
NAME	CARTER, E. LEO	4.2 NAME	
STREET ADDRESS	1700 OLD DEERFIELD RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	
NAME	BENSTEIN, ROBERT F	5.2 NAME	
STREET ADDRESS	1700 OLD DEERFIELD RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	HULSEMAN, SHEILA	6.2 NAME	
STREET ADDRESS	1700 OLD DEERFIELD RD	6.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND PARK IL	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:

Robert L. Whaley

3/20/97

(847)831-4800

CR2E034 (9/96)