


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90298 024 ***150.00

DOCUMENT # P34261 1. Entity 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
--	--

DO NOT WRITE IN THIS SPACE



04212004 No Chg-P CR2E034 (10/03)

4. FEI Number 36-3307867	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
---	---	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COAD, WILLIAM R 1700 OLD DEERFIELD RD HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSEMAN, GEORGIA 1700 OLD DEERFIELD RD HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHALEY, RONALD L. 1700 OLD DEERFIELD RD. HIGHLAND PARK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS HULSEMAN, JOHN F 1700 OLD DEERFIELD RD. HIGHLAND PARK, IL 60035
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULSEMAN, SHEILA 1700 OLD DEERFIELD RD HIGHLAND PARK, IL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC HULSEMAN, ROBERT L 1700 OLD DEERFIELD RD HIGHLAND PARK, IL 60035

**DO NOT WRITE
IN THIS SPACE**

12. I 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Susan H. Muehle* **4/23/04** **847 831-4800**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #