

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91277 005 ***150.00

0850551 AT

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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-3307867**

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
***After May 1, 2003 Fee will be \$550.00**
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input type="checkbox"/> Delete
NAME	COAD, WILLIAM R	
STREET ADDRESS	1700 OLD DEERFIELD RD	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULSEMAN, GEORGIA	
STREET ADDRESS	1700 OLD DEERFIELD RD	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input type="checkbox"/> Delete
NAME	WHALEY, RONALD L.	
STREET ADDRESS	1700 OLD DEERFIELD RD.	
CITY-ST-ZIP	HIGHLAND PARK IL	
TITLE	DPS	<input type="checkbox"/> Delete
NAME	HULSEMAN, JOHN F	
STREET ADDRESS	1700 OLD DEERFIELD RD.	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	
TITLE	D	<input type="checkbox"/> Delete
NAME	HULSEMAN, SHEILA	
STREET ADDRESS	1700 OLD DEERFIELD RD	
CITY-ST-ZIP	HIGHLAND PARK IL	
TITLE	DC	<input type="checkbox"/> Delete
NAME	HULSEMAN, ROBERT L	
STREET ADDRESS	1700 OLD DEERFIELD RD	
CITY-ST-ZIP	HIGHLAND PARK IL 60035	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: _____

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/23/03 (847) 831-4800
Date Daytime Phone #

CR2E034 (10/02)