

2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41257

Entity Name: DART CONTAINER CORPORATION OF FLORIDA**Current Principal Place of Business:**500 HOGSBACK ROAD
MASON, MI 48854**Current Mailing Address:**500 HOGSBACK ROAD
MASON, MI 48854 US**FEI Number:** 65-0336591**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 US*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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

| | |
|-----------------|-------------------|
| Title | PRESIDENT |
| Name | LAMMERS, JAMES D. |
| Address | 500 HOGSBACK ROAD |
| City-State-Zip: | MASON MI 48854 |

| | |
|-----------------|------------------------|
| Title | SECRETARY |
| Name | LIESMAN, FRANCIS X. II |
| Address | 500 HOGSBACK ROAD |
| City-State-Zip: | MASON MI 48854 |

| | |
|-----------------|-------------------|
| Title | TREASURER |
| Name | FOX, KEVIN M. |
| Address | 500 HOGSBACK ROAD |
| City-State-Zip: | MASON MI 48854 |

| | |
|-----------------|-------------------|
| Title | DIRECTOR |
| Name | DART, CLAIRE T. |
| Address | 1952 FIELD ROAD |
| City-State-Zip: | SARASOTA FL 34231 |

| | |
|-----------------|-----------------------|
| Title | DIRECTOR |
| Name | DART, ROBERT C. |
| Address | PO BOX 30229 |
| City-State-Zip: | GRAND CAYMAN KY 11201 |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN M. FOX**TREASURER****04/06/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date