

2017 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 844938

Entity Name: REXAM BEVERAGE CAN COMPANY**Current Principal Place of Business:**10 LONGS PEAK DR
BROOMFIELD, CO 80021**Current Mailing Address:**P O BOX 9005
ATTN: TAX DEPT
BROOMFIELD, CO 80021-0905 US**FEI Number:** 36-2241181**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
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 P, DIRECTOR
Name FISHER, DANIEL
Address 9300 W 108TH CIRCLE
City-State-Zip: WESTMINSTER CO 80021

Title T, VP
Name KNOBEL, JEFF A
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title VP
Name HYSKO, LISA R
Address 4201 CONGRESS ST, STE 340
City-State-Zip: CHARLOTTE NC 28209

Title VP
Name MILES, ROBERT
Address 9300 W 108TH CIRCLE
City-State-Zip: WESTMINSTER CO 80021

Title VP, DIRECTOR, SECRETARY
Name BAKER, CHARLES E
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title AS
Name HARRINGTON, PEGGY
Address 4201 CONGRESS ST., STE. 340
City-State-Zip: CHARLOTTE NC 28209

Title DIRECTOR
Name HAYES, JOHN A
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title ASST. SECRETARY
Name KISER, JAMES
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Continues on page 2

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: JEFF A. KNOBEL**VICE PRESIDENT &
TREASURER****04/04/2017**_____
Electronic Signature of Signing Officer/Director Detail_____
Date

Officer/Director Detail Continued :

Title ASST. SECRETARY
Name MITCHELL, JANNELLE
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title VP, ASST. SECRETARY
Name RODRIGUEZ, JANICE L
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title VP
Name KIM, ROBERT J
Address 9300 W 108TH CIRCLE
City-State-Zip: WESTMINSTER CO 80021

Title OFFICER
Name BEARD, PAUL
Address 10 LONGS PEAK DR
City-State-Zip: BROOMFIELD CO 80021

Title VP
Name BILLINGS, JAY
Address 9300 W 108TH CIRCLE
City-State-Zip: WESTMINSTER CO 80021

Title VP
Name HELLER, DAVID
Address 9300 W 108TH CIRCLE
City-State-Zip: WESTMINSTER CO 80021