

**2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 850712

**Entity Name:** SOLO CUP OPERATING CORPORATION**Current Principal Place of Business:**150 S. SAUNDERS RD., STE 150  
LAKE FOREST, IL 60045**Current Mailing Address:**150 S. SAUNDERS RD., STE 150  
LAKE FOREST, IL 60045 US**FEI Number:** 34-1342568**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYES ST.  
TALLAHASSEE, FL 32301 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	CEO
Name	DART, ROBERT C
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

Title	CFO
Name	WALTZ, CHRIS
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

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

Title	SECRETARY
Name	LAMMERS, JAMES D
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

Title	DIRECTOR
Name	JENKINS, GEORGE H
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

Title	VP
Name	CALKINS, DANIEL
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

Title	VP
Name	JEWELL, THOMAS L
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

Title	VP
Name	MACKENZIE, RALPH
Address	500 HOGSBACK RD
City-State-Zip:	MASON MI 48854

**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:** FRANCIS X LIESMAN**VICE PRESIDENT****04/05/2013**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title VP  
Name LIESMAN, FRANCIS X  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854

Title VP  
Name HULL, TERI  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854

Title DIRECTOR  
Name DART, ARIANE M  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854

Title DIRECTOR  
Name JENKINS, GEORGE H  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854

Title VP  
Name MURRAY, JOHN  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854

Title DIRECTOR  
Name DART, ROBERT C  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854

Title DIRECTOR  
Name DART, CLAIRE T  
Address 500 HOGSBACK RD  
City-State-Zip: MASON MI 48854