

2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000859

Entity Name: SILGAN DISPENSING SYSTEMS CORPORATION**Current Principal Place of Business:**501 SOUTH 5TH STREET
RICHMOND, VA 23219**Current Mailing Address:**501 SOUTH 5TH STREET
RICHMOND, VA 23219 US**FEI Number:** 95-3833709**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
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:** LISA NORDSKOG

08/24/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRMAN AND DIRECTOR
Name ALLOTT, ANTHONY
Address 4 LANDMARK SQ, SUITE 400
City-State-Zip: STAMFORD CT 06901

Title PRESIDENT
Name CLARK, KEVIN H
Address 501 SOUTH 5TH STREET
City-State-Zip: RICHMOND VA 23219

Title VP
Name TAYLOR, JOHN
Address 501 SOUTH 5TH STREET
City-State-Zip: RICHMOND VA 23219

Title VP
Name FERRO, JOHN G.
Address 501 SOUTH 5TH STREET
City-State-Zip: RICHMOND VA 23219

Title VP AND CFO
Name FLATER, CHRIS
Address 501 SOUTH 5TH STREET
City-State-Zip: RICHMOND VA 23219

Title VP
Name GREENLEE, ADAM
Address 4 LANDMARK SQ, SUITE 400
City-State-Zip: STAMFORD CT 06901

Title VP
Name LEWIS, ROBERT
Address 4 LANDMARK SQ, SUITE 400
City-State-Zip: STAMFORD CT 06901

Title VP, SECRETARY AND DIRECTOR
Name HOGAN, FRANK
Address 4 LANDMARK SQ, SUITE 400
City-State-Zip: STAMFORD CT 06901

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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: FRANK HOGAN

VP AND SECRETARY

08/24/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title VP
Name ANDREACCHI , ANTHONY
Address 4 LANDMARK SQ
SUITE 400
City-State-Zip: STAMFORD CT 06901

Title VP
Name ULMER, KIMBERLY
Address 4 LANDMARK SQ
SUITE 400
City-State-Zip: STAMFORD CT 06901