

2021 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000000859

FILED
Apr 30, 2021
Secretary of State
7791260915CC

Entity Name: SILGAN DISPENSING SYSTEMS CORPORATION

Current Principal Place of Business:

11901 GRANDVIEW ROAD
GRANDVIEW , MO 64030

Current Mailing Address:

1001 HAXALL POINT, SUITE 701
RICHMOND, VA 23219 US

FEI Number: 95-3833709

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

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

Title PRESIDENT
Name CLARK, KEVIN G
Address 1001 HAXALL POINT, SUITE 701
City-State-Zip: RICHMOND VA 23219

Title VP
Name TAYLOR, JOHN C.
Address 11901 GRANDVIEW RD
City-State-Zip: GRANDVIEW MO 64030

Title VP
Name FERRO, JOHN G.
Address 1001 HAXALL POINT, SUITE 701
City-State-Zip: RICHMOND VA 23219

Title VP AND CFO
Name BELL, CHRISTIAN
Address 1001 HAXALL POINT, SUITE 701
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 W. HOGAN, III

VP & SECRETARY

04/30/2021

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