| No.   | Idaho Corporation Annual Report Form   |  | 2. Registered Agent and Office NOT A P.O. BO |  |                |  |
|---|--|--|--|--|----------------|--|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720  * FIRST NOTICE * | Due No Later To  | Due No Later Than November 1,1992                        |  | C T CORPORATION SYSTEM  300 NORTH 6TH STREET |                |  |
|   | 1. Mailing Address   | Pleser Correct II Not Correct                            | SOO MORIN OIN SIREE!                         |  |                |  |
|   |  | AMERICAN CAN PACKAGING INC.<br>CORPORATION TRUST COMPANY |  | ID   | 83701          |  |
|   | 1209 ORANGE STREET   |  | Incorporated Under The Laws     of           |  |                |  |
| NO FEE REQUIRED   | WILMINGTON   | DE 19801 0000  | NO: 84134                                    |  |                |  |
| . Names and Addresses of Office   | cers and Directors   |  | *  |  |                |  |
|   | <u>Name</u>  | Street or P.O. Address                                   | City   | <u>State</u>                                 | Zip            |  |
| President:  | J. A. BARBERA<br>M. A. FERRUCCI  | 1209 Orange Street                                       | Wilmington<br>"                              | DE<br>"                                      | 19801          |  |
| Secretary:<br>Directors:  | J. A. BARBERA  | n  | n n  | н  | 10             |  |
|   | M. A. FERRUCCI<br>A. M. HORNE  | 10<br>10   | " n  | #1<br>#1                                     | 10             |  |
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| b   |  |  | /  |  |                |  |
|   |  |  |  |  |                |  |
| . Nature of Business  |  | net this Annual Report has been exament and complete     | •  |  | knowledge<br>Z |  |
| BUSINESS HAS NOT COM  | Signature  Name (7) ped (7) pe | M. A. FERRUCCI   | Date 10                                      | /8/92<br>ce Pr <b>e</b> sio                  | dent           |  |
| BOSTIATOS UMO INOT COLL   | Name Primed)   | Tie Be I DIGNOCT   | FIRS V                                       |  |                |  |