

|                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|
| <b>Form 5500</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security<br>Administration<br><br>Pension Benefit Guaranty Corporation | <b>Annual Return/Report of Employee Benefit Plan</b><br><br>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► Complete all entries in accordance with the instructions to the Form 5500.</b> | OMB Nos. 1210-0110<br>1210-0089<br><br><b>2010</b><br><br><b>This Form is Open to Public Inspection</b> |
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|                                                                                                          |                                                                                                                                                                                                                                           |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part I</b>                                                                                            | <b>Annual Report Identification Information</b>                                                                                                                                                                                           |
| For calendar plan year 2010 or fiscal plan year beginning <u>01/01/2010</u> and ending <u>12/31/2010</u> |                                                                                                                                                                                                                                           |
| <b>A</b> This return/report is for:                                                                      | <input type="checkbox"/> a multiemployer plan; <input type="checkbox"/> a multiple-employer plan; or<br><input checked="" type="checkbox"/> a single-employer plan; <input type="checkbox"/> a DFE (specify) ____                         |
| <b>B</b> This return/report is:                                                                          | <input type="checkbox"/> the first return/report; <input type="checkbox"/> the final return/report;<br><input type="checkbox"/> an amended return/report; <input type="checkbox"/> a short plan year return/report (less than 12 months). |
| <b>C</b> If the plan is a collectively-bargained plan, check here. . . . .                               | <input type="checkbox"/>                                                                                                                                                                                                                  |
| <b>D</b> Check box if filing under:                                                                      | <input checked="" type="checkbox"/> Form 5558; <input type="checkbox"/> automatic extension; <input type="checkbox"/> the DFVC program;<br><input type="checkbox"/> special extension (enter description)                                 |

|                                                                                                                                                                                                                                         |                                                                                                                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b>                                                                                                                                                                                                                          | <b>Basic Plan Information</b> —enter all requested information                                                                                                                                    |
| <b>1a</b> Name of plan<br><u>DRAKE CONTAINER 401(K) PLAN</u>                                                                                                                                                                            | <b>1b</b> Three-digit plan number (PN) ► <u>001</u><br><b>1c</b> Effective date of plan<br><u>05/01/1993</u>                                                                                      |
| <b>2a</b> Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br><u>DRAKE CONTAINER CORPORATION</u><br><br><u>1401 GREENGRASS DRIVE</u><br><u>HOUSTON, TX 77008</u> | <b>2b</b> Employer Identification Number (EIN)<br><u>74-1618803</u><br><b>2c</b> Sponsor's telephone number<br><u>713-869-9121</u><br><b>2d</b> Business code (see instructions)<br><u>423990</u> |

**Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.**

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|                  |                                                          |                   |                                                              |
|------------------|----------------------------------------------------------|-------------------|--------------------------------------------------------------|
| <b>SIGN HERE</b> | <u>Filed with authorized/valid electronic signature.</u> | <u>09/16/2011</u> | <u>SHIRLEY GOLDEN</u>                                        |
|                  | <b>Signature of plan administrator</b>                   | Date              | Enter name of individual signing as plan administrator       |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of employer/plan sponsor</b>                | Date              | Enter name of individual signing as employer or plan sponsor |
| <b>SIGN HERE</b> |                                                          |                   |                                                              |
|                  | <b>Signature of DFE</b>                                  | Date              | Enter name of individual signing as DFE                      |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Form 5500 (2010)  
v.092307.1

**3a** Plan administrator's name and address (if same as plan sponsor, enter "Same")

DRAKE CONTAINER CORPORATION

1401 GREENGRASS DRIVE  
HOUSTON, TX 77008**3b** Administrator's EIN

74-1618803

**3c** Administrator's telephone number

713-869-9121

**4** If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:**a** Sponsor's name**4b** EIN**4c** PN**5** Total number of participants at the beginning of the plan year**5**

141

**6** Number of participants as of the end of the plan year (welfare plans complete only lines **6a**, **6b**, **6c**, and **6d**).**a** Active participants.....**6a**

124

**b** Retired or separated participants receiving benefits.....**6b**

0

**c** Other retired or separated participants entitled to future benefits.....**6c**

15

**d** Subtotal. Add lines **6a**, **6b**, and **6c**.....**6d**

139

**e** Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....**6e**

1

**f** Total. Add lines **6d** and **6e**.....**6f**

140

**g** Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....**6g**

89

**h** Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....**6h**

2

**7** Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) .....**7****8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:

2F 2G 2J 2K 2T 3D

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:**9a** Plan funding arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

**9b** Plan benefit arrangement (check all that apply)(1) ☐

Insurance

(2) ☐

Code section 412(e)(3) insurance contracts

(3) ☒

Trust

(4) ☐

General assets of the sponsor

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)**a Pension Schedules**(1) ☒**R** (Retirement Plan Information)(2) ☐**MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary(3) ☐**SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary**b General Schedules**(1) ☒**H** (Financial Information)(2) ☐**I** (Financial Information – Small Plan)(3) ☐**A** (Insurance Information)(4) ☒**C** (Service Provider Information)(5) ☐**D** (DFE/Participating Plan Information)(6) ☐**G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  |                                                |
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| <b>SCHEDULE C</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Service Provider Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA).<br><br><b>► File as an attachment to Form 5500.</b> |  | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                        |  | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning **01/01/2010** and ending **12/31/2010**

|                                                                                                     |                                                                    |            |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|------------|
| <b>A</b> Name of plan<br><b>DRAKE CONTAINER 401(K) PLAN</b>                                         | <b>B</b> Three-digit plan number (PN) <b>►</b>                     | <b>001</b> |
|                                                                                                     |                                                                    |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DRAKE CONTAINER CORPORATION</b> | <b>D</b> Employer Identification Number (EIN)<br><b>74-1618803</b> |            |

|               |                                                        |
|---------------|--------------------------------------------------------|
| <b>Part I</b> | <b>Service Provider Information (see instructions)</b> |
|---------------|--------------------------------------------------------|

You must complete this Part, in accordance with the instructions, to report the information required for **each person** who received, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of monetary value) in connection with services rendered to the plan or the person's position with the plan during the plan year. If a person received **only** eligible indirect compensation for which the plan received the required disclosures, you are required to answer line 1 but are not required to include that person when completing the remainder of this Part.

**1 Information on Persons Receiving Only Eligible Indirect Compensation**

- a** Check "Yes" or "No" to indicate whether you are excluding a person from the remainder of this Part because they received only eligible indirect compensation for which the plan received the required disclosures (see instructions for definitions and conditions)..... ☐ Yes ☒ No
- b** If you answered line 1a "Yes," enter the name and EIN or address of each person providing the required disclosures for the service providers who received only eligible indirect compensation. Complete as many entries as needed (see instructions).

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosure on eligible indirect compensation |
|------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

|                                                                                                                   |
|-------------------------------------------------------------------------------------------------------------------|
| <b>(b)</b> Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation |
|-------------------------------------------------------------------------------------------------------------------|

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**(b)** Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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**2. Information on Other Service Providers Receiving Direct or Indirect Compensation.** Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

**(a)** Enter name and EIN or address (see instructions)

MERRILL LYNCH, PIERCE, FENNER AND S

13-5674085

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
| 15 52 56 59<br>60 62 63 72       | RECORDKEEPER                                                                                                         | 10071                                                                                  | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                     | Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                               | 0                                                                                                                                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**(a)** Enter name and EIN or address (see instructions)

| <b>(b)</b><br>Service<br>Code(s) | <b>(c)</b><br>Relationship to<br>employer, employee<br>organization, or<br>person known to be<br>a party-in-interest | <b>(d)</b><br>Enter direct<br>compensation paid<br>by the plan. If none,<br>enter -0-. | <b>(e)</b><br>Did service provider<br>receive indirect<br>compensation? (sources<br>other than plan or plan<br>sponsor) | <b>(f)</b><br>Did indirect compensation<br>include eligible indirect<br>compensation, for which the<br>plan received the required<br>disclosures? | <b>(g)</b><br>Enter total indirect<br>compensation received by<br>service provider excluding<br>eligible indirect<br>compensation for which you<br>answered "Yes" to element<br>(f). If none, enter -0-. | <b>(h)</b><br>Did the service<br>provider give you a<br>formula instead of<br>an amount or<br>estimated amount? |
|----------------------------------|----------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------|
|                                  |                                                                                                                      |                                                                                        | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                          |                                                                                                                                                                                                          | Yes <input type="checkbox"/> No <input type="checkbox"/>                                                        |

**Part I Service Provider Information (continued)**

**3** If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|---------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------|
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |
| (a) Enter service provider name as it appears on line 2             | (b) Service Codes<br>(see instructions)                                                                                                                            | (c) Enter amount of indirect compensation |
|                                                                     |                                                                                                                                                                    |                                           |
| (d) Enter name and EIN (address) of source of indirect compensation | (e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation. |                                           |
|                                                                     |                                                                                                                                                                    |                                           |

**Part II Service Providers Who Fail or Refuse to Provide Information**

**4** Provide, to the extent possible, the following information for each service provider who failed or refused to provide the information necessary to complete this Schedule.

| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|---------------------------------------------------------------------------------|--------------------------------------|--------------------------------------------------------------------------------------------|
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |
| <b>(a)</b> Enter name and EIN or address of service provider (see instructions) | <b>(b)</b> Nature of Service Code(s) | <b>(c)</b> Describe the information that the service provider failed or refused to provide |
|                                                                                 |                                      |                                                                                            |

**Part III** **Termination Information on Accountants and Enrolled Actuaries (see instructions)**  
(complete as many entries as needed)

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN:                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN;                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                    |                                                                                                    |
|--------------------|----------------------------------------------------------------------------------------------------|
| <b>a</b> Name:     | <b>b</b> EIN;                                                                                      |
| <b>c</b> Position: |                                                                                                    |
| <b>d</b> Address:  | <b>e</b> Telephone:<br><div style="border: 1px solid black; height: 40px; margin-top: 5px;"></div> |

Explanation:

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br><b>► File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2010</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                                                        |            |
|----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|------------|
| For calendar plan year 2010 or fiscal plan year beginning <b>01/01/2010</b> and ending <b>12/31/2010</b> |                                                                        |            |
| <b>A</b> Name of plan<br><b>DRAKE CONTAINER 401(K) PLAN</b>                                              | <b>B</b> Three-digit plan number (PN) <b>►</b>                         | <b>001</b> |
|                                                                                                          |                                                                        |            |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><b>DRAKE CONTAINER CORPORATION</b>      | <b>D</b> Employer Identification Number (EIN)<br><br><b>74-1618803</b> |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                            |                 | (a) Beginning of Year | (b) End of Year |
|---------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                     | <b>1a</b>       | <b>100</b>            | <b>50</b>       |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                      |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                           | <b>1b(1)</b>    | <b>0</b>              |                 |
| <b>(2)</b> Participant contributions .....                                                        | <b>1b(2)</b>    | <b>0</b>              |                 |
| <b>(3)</b> Other.....                                                                             | <b>1b(3)</b>    | <b>0</b>              | <b>0</b>        |
| <b>c</b> General investments:                                                                     |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....  | <b>1c(1)</b>    | <b>821339</b>         | <b>915416</b>   |
| <b>(2)</b> U.S. Government securities.....                                                        | <b>1c(2)</b>    | <b>0</b>              | <b>0</b>        |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                           |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(3)(A)</b> | <b>0</b>              | <b>0</b>        |
| <b>(B)</b> All other.....                                                                         | <b>1c(3)(B)</b> | <b>0</b>              | <b>0</b>        |
| <b>(4)</b> Corporate stocks (other than employer securities):                                     |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                        | <b>1c(4)(A)</b> | <b>0</b>              | <b>0</b>        |
| <b>(B)</b> Common .....                                                                           | <b>1c(4)(B)</b> | <b>0</b>              | <b>0</b>        |
| <b>(5)</b> Partnership/joint venture interests .....                                              | <b>1c(5)</b>    | <b>0</b>              | <b>0</b>        |
| <b>(6)</b> Real estate (other than employer real property) .....                                  | <b>1c(6)</b>    | <b>0</b>              | <b>0</b>        |
| <b>(7)</b> Loans (other than to participants) .....                                               | <b>1c(7)</b>    | <b>0</b>              | <b>0</b>        |
| <b>(8)</b> Participant loans .....                                                                | <b>1c(8)</b>    | <b>155564</b>         | <b>182996</b>   |
| <b>(9)</b> Value of interest in common/collective trusts.....                                     | <b>1c(9)</b>    | <b>0</b>              | <b>0</b>        |
| <b>(10)</b> Value of interest in pooled separate accounts.....                                    | <b>1c(10)</b>   | <b>0</b>              | <b>0</b>        |
| <b>(11)</b> Value of interest in master trust investment accounts .....                           | <b>1c(11)</b>   | <b>0</b>              |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                 | <b>1c(12)</b>   | <b>0</b>              |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds).....        | <b>1c(13)</b>   | <b>2313898</b>        | <b>2745061</b>  |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts)..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                           | <b>1c(15)</b>   | <b>0</b>              | <b>0</b>        |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> | 0                     | 0               |
| (2) Employer real property .....                                     | <b>1d(2)</b> | 0                     |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    | 0                     |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 3290901               | 3843523         |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> | 0 |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> | 0 |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> | 0 |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> | 0 |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |         |
|-----------------------------------------------------------|-----------|---------|---------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 3290901 | 3843523 |
|-----------------------------------------------------------|-----------|---------|---------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>a Contributions:</b>                                                                                    |                 |            |           |
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 198252     |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 198488     |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 0          |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    | 0          |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 396740    |
| <b>b Earnings on investments:</b>                                                                          |                 |            |           |
| (1) Interest:                                                                                              |                 |            |           |
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) .....       | <b>2b(1)(A)</b> | 138        |           |
| <b>(B)</b> U.S. Government securities .....                                                                | <b>2b(1)(B)</b> | 0          |           |
| <b>(C)</b> Corporate debt instruments .....                                                                | <b>2b(1)(C)</b> |            |           |
| <b>(D)</b> Loans (other than to participants) .....                                                        | <b>2b(1)(D)</b> |            |           |
| <b>(E)</b> Participant loans .....                                                                         | <b>2b(1)(E)</b> | 9658       |           |
| <b>(F)</b> Other .....                                                                                     | <b>2b(1)(F)</b> | 0          |           |
| (G) Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                                     | <b>2b(1)(G)</b> |            | 9796      |
| (2) Dividends: <b>(A)</b> Preferred stock .....                                                            | <b>2b(2)(A)</b> | 0          |           |
| <b>(B)</b> Common stock .....                                                                              | <b>2b(2)(B)</b> | 0          |           |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                                  | <b>2b(2)(C)</b> | 36786      |           |
| (D) Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> .....                         | <b>2b(2)(D)</b> |            | 36786     |
| (3) Rents .....                                                                                            | <b>2b(3)</b>    |            |           |
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                                 | <b>2b(4)(A)</b> | 55216      |           |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                                              | <b>2b(4)(B)</b> | 55217      |           |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result .....                  | <b>2b(4)(C)</b> |            | -1        |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 0          |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 0         |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            | 0         |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            | 0         |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            | 297681    |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            | 2818      |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 743820    |

**Expenses**

|                                                                                            |              |        |        |
|--------------------------------------------------------------------------------------------|--------------|--------|--------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |        |        |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 177998 |        |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |        |        |
| (3) Other .....                                                                            | <b>2e(3)</b> | 0      |        |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |        | 177998 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |        | 0      |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |        | 2229   |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |        | 0      |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |        |        |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |        |        |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |        |        |
| (4) Other .....                                                                            | <b>2i(4)</b> | 10971  |        |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |        | 10971  |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |        | 191198 |

**Net Income and Reconciliation**

|                                                                               |              |  |        |
|-------------------------------------------------------------------------------|--------------|--|--------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | 552622 |
| <b>l</b> Transfers of assets:                                                 |              |  |        |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  | 0      |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  | 0      |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☒ Unqualified (2) ☐ Qualified (3) ☐ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☐ Yes ☒ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: **BKD, LLP**

(2) EIN: **44-0160260**

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes | No | Amount  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|---------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 |     | X  |         |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |     | X  |         |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |     | X  |         |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |     | X  |         |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | X   |    | 1000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |     | X  |         |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |     | X  |         |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |     | X  |         |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | X   |    |         |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    |     | X  |         |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |     | X  |         |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |     | X  |         |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |     | X  |         |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |     |    |         |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

**5b(1)** Name of plan(s)

| 5b(2) EIN(s) | 5b(3) PN(s) |
|--------------|-------------|
|              |             |
|              |             |
|              |             |
|              |             |

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            |                                                |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|
| <b>SCHEDULE R</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Retirement Plan Information</b><br><br>This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                              |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>2010</b>                                    |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                                            | <b>This Form is Open to Public Inspection.</b> |

For calendar plan year 2010 or fiscal plan year beginning 01/01/2010 and ending 12/31/2010

|                                                                                                     |                                                                    |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------|
| <b>A</b> Name of plan<br><u>DRAKE CONTAINER 401(K) PLAN</u>                                         | <b>B</b> Three-digit plan number (PN) ▶<br><u>001</u>              |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>DRAKE CONTAINER CORPORATION</u> | <b>D</b> Employer Identification Number (EIN)<br><u>74-1618803</u> |

|               |                      |
|---------------|----------------------|
| <b>Part I</b> | <b>Distributions</b> |
|---------------|----------------------|

All references to distributions relate only to payments of benefits during the plan year.

|                                                                                                                                                                                                                                                                    |          |          |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|
| <b>1</b> Total value of distributions paid in property other than in cash or the forms of property specified in the instructions.....                                                                                                                              | <u>1</u> | <u>0</u> |
| <b>2</b> Enter the EIN(s) of payor(s) who paid benefits on behalf of the plan to participants or beneficiaries during the year (if more than two, enter EINs of the two payors who paid the greatest dollar amounts of benefits):<br><br>EIN(s): <u>13-3180817</u> |          |          |
| <b>Profit-sharing plans, ESOPs, and stock bonus plans, skip line 3.</b>                                                                                                                                                                                            |          |          |
| <b>3</b> Number of participants (living or deceased) whose benefits were distributed in a single sum, during the plan year.....                                                                                                                                    | <u>3</u> |          |

|                |                                                                                                                                                                              |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part II</b> | <b>Funding Information</b> (If the plan is not subject to the minimum funding requirements of section 412 of the Internal Revenue Code or ERISA section 302, skip this Part) |
|----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                                                                                                                                                                           |                              |                             |                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|------------------------------|
| <b>4</b> Is the plan administrator making an election under Code section 412(d)(2) or ERISA section 302(d)(2)?.....                                                                                                                                                                                                                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>If the plan is a defined benefit plan, go to line 8.</b>                                                                                                                                                                                                                                                                                                               |                              |                             |                              |
| <b>5</b> If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions and enter the date of the ruling letter granting the waiver. <b>Date:</b> Month _____ Day _____ Year _____<br><b>If you completed line 5, complete lines 3, 9, and 10 of Schedule MB and do not complete the remainder of this schedule.</b> |                              |                             |                              |
| <b>6 a</b> Enter the minimum required contribution for this plan year .....                                                                                                                                                                                                                                                                                               | <u>6a</u>                    |                             |                              |
| <b>b</b> Enter the amount contributed by the employer to the plan for this plan year .....                                                                                                                                                                                                                                                                                | <u>6b</u>                    |                             |                              |
| <b>c</b> Subtract the amount in line 6b from the amount in line 6a. Enter the result (enter a minus sign to the left of a negative amount).....                                                                                                                                                                                                                           | <u>6c</u>                    |                             |                              |
| <b>If you completed line 6c, skip lines 8 and 9.</b>                                                                                                                                                                                                                                                                                                                      |                              |                             |                              |
| <b>7</b> Will the minimum funding amount reported on line 6c be met by the funding deadline? .....                                                                                                                                                                                                                                                                        | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |
| <b>8</b> If a change in actuarial cost method was made for this plan year pursuant to a revenue procedure providing automatic approval for the change or a class ruling letter, does the plan sponsor or plan administrator agree with the change?.....                                                                                                                   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> N/A |

|                 |                   |
|-----------------|-------------------|
| <b>Part III</b> | <b>Amendments</b> |
|-----------------|-------------------|

|                                                                                                                                                                                                                                |                                   |                                   |                               |                             |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|
| <b>9</b> If this is a defined benefit pension plan, were any amendments adopted during this plan year that increased or decreased the value of benefits? If yes, check the appropriate box(es). If no, check the "No" box..... | <input type="checkbox"/> Increase | <input type="checkbox"/> Decrease | <input type="checkbox"/> Both | <input type="checkbox"/> No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|-----------------------------------|-------------------------------|-----------------------------|

|                |                                                                                                                                                   |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Part IV</b> | <b>ESOPs</b> (see instructions). If this is not a plan described under Section 409(a) or 4975(e)(7) of the Internal Revenue Code, skip this Part. |
|----------------|---------------------------------------------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                              |                              |                             |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| <b>10</b> Were unallocated employer securities or proceeds from the sale of unallocated securities used to repay any exempt loan?.....                                                       | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>11 a</b> Does the ESOP hold any preferred stock? .....                                                                                                                                    | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>b</b> If the ESOP has an outstanding exempt loan with the employer as lender, is such loan part of a "back-to-back" loan? (See instructions for definition of "back-to-back" loan.) ..... | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <b>12</b> Does the ESOP hold any stock that is not readily tradable on an established securities market? .....                                                                               | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

Schedule R (Form 5500) 2010  
v.092308.1

**Part V Additional Information for Multiemployer Defined Benefit Pension Plans**

**13** Enter the following information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in dollars). See instructions. *Complete as many entries as needed to report all applicable employers.*

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month  Day  Year

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month  Day  Year

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month  Day  Year

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month  Day  Year

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month  Day  Year

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

**a** Name of contributing employer

**b** EIN

**c** Dollar amount contributed by employer

**d** Date collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box ☐ and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month  Day  Year

**e** Contribution rate information (If more than one rate applies, check this box ☐ and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).)

(1) Contribution rate (in dollars and cents)

(2) Base unit measure: ☐ Hourly ☐ Weekly ☐ Unit of production ☐ Other (specify):

- 14** Enter the number of participants on whose behalf no contributions were made by an employer as an employer of the participant for:

|                                                                          |            |  |
|--------------------------------------------------------------------------|------------|--|
| <b>a</b> The current year .....                                          | <b>14a</b> |  |
| <b>b</b> The plan year immediately preceding the current plan year ..... | <b>14b</b> |  |
| <b>c</b> The second preceding plan year .....                            | <b>14c</b> |  |

- 15** Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to make an employer contribution during the current plan year to:

|                                                                                                       |            |  |
|-------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> The corresponding number for the plan year immediately preceding the current plan year ..... | <b>15a</b> |  |
| <b>b</b> The corresponding number for the second preceding plan year .....                            | <b>15b</b> |  |

- 16** Information with respect to any employers who withdrew from the plan during the preceding plan year:

|                                                                                                                                                                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|--|
| <b>a</b> Enter the number of employers who withdrew during the preceding plan year .....                                                                               | <b>16a</b> |  |
| <b>b</b> If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers ..... | <b>16b</b> |  |

- 17** If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, check box and see instructions regarding supplemental information to be included as an attachment. .... ☐

**Part VI Additional Information for Single-Employer and Multiemployer Defined Benefit Pension Plans**

- 18** If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole or in part) of liabilities to such participants and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see instructions regarding supplemental information to be included as an attachment ..... ☐

- 19** If the total number of participants is 1,000 or more, complete items (a) through (c)

- a** Enter the percentage of plan assets held as:  
 Stock: \_\_\_\_\_% Investment-Grade Debt: \_\_\_\_\_% High-Yield Debt: \_\_\_\_\_% Real Estate: \_\_\_\_\_% Other: \_\_\_\_\_%
- b** Provide the average duration of the combined investment-grade and high-yield debt:  
☐ 0-3 years ☐ 3-6 years ☐ 6-9 years ☐ 9-12 years ☐ 12-15 years ☐ 15-18 years ☐ 18-21 years ☐ 21 years or more
- c** What duration measure was used to calculate item 19(b)?  
☐ Effective duration ☐ Macaulay duration ☐ Modified duration ☐ Other (specify): \_\_\_\_\_

# **Drake Container 401(k) Plan**

EIN 74-1618803 PN 001

Accountants' Report and Financial Statements  
(Modified Cash Basis)

December 31, 2010 and 2009

# **Drake Container 401(k) Plan**

## **December 31, 2010 and 2009**

### **Contents**

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#### **Financial Statements**

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#### **Supplemental Schedule**

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## Independent Accountants' Report

Board of Trustees  
Drake Container 401(k) Plan  
Houston, Texas

We have audited the accompanying statements of net assets available for benefits (modified cash basis) of Drake Container 401(k) Plan as of December 31, 2010 and 2009, and the related statements of changes in net assets available for benefits (modified cash basis) for the years then ended. These financial statements are the responsibility of the Plan's management. Our responsibility is to express an opinion on these financial statements based on our audits.

We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement. An audit includes examining, on a test basis, evidence supporting the amounts and disclosures in the financial statements. An audit also includes assessing the accounting principles used and significant estimates made by management, as well as evaluating the overall financial statement presentation. We believe that our audits provide a reasonable basis for our opinion.

As described in Note 2, these financial statements and supplemental schedule were prepared on a modified cash basis of accounting, which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America.

As discussed in Note 8, in 2010, the Plan changed its method of accounting for notes receivable from participants through retrospective application to prior years' financial statements.

In our opinion, the financial statements referred to above present fairly, in all material respects, the net assets available for benefits of Drake Container 401(k) Plan as of December 31, 2010 and 2009, and the changes in its net assets available for benefits for the years then ended, on the basis of accounting described in Note 2.

The accompanying supplemental schedule is presented for the purpose of additional analysis and is not a required part of the basic financial statements, but is supplementary information required by the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974. The supplemental schedule is the responsibility of the Plan's management. The supplemental schedule has been subjected to the auditing procedures applied in the audits of the basic financial statements and, in our opinion, is fairly stated, in all material respects, in relation to the basic financial statements taken as a whole.

*BKD, LLP*

Houston, Texas  
August 2, 2011

Federal Employer Identification Number: 44-0160260

**Drake Container 401(k) Plan**  
**Statements of Net Assets Available for Benefits (Modified Cash Basis)**  
**December 31, 2010 and 2009**

|                                    | <b>2010</b>                | <b>2009<br/>(As Adjusted -<br/>Note 8)</b> |
|------------------------------------|----------------------------|--------------------------------------------|
| <b>Assets</b>                      |                            |                                            |
| Investments, At Fair Value         | \$ 3,660,477               | \$ 3,135,237                               |
| Notes Receivable From Participants | 182,996                    | 155,564                                    |
| Cash                               | <u>50</u>                  | <u>100</u>                                 |
| Net Assets Available for Benefits  | <u><u>\$ 3,843,523</u></u> | <u><u>\$ 3,290,901</u></u>                 |

**Drake Container 401(k) Plan**  
**Statements of Changes in Net Assets Available for**  
**Benefits (Modified Cash Basis)**  
**Years Ended December 31, 2010 and 2009**

|                                                              | <b>2010</b>                | <b>2009<br/>(As Adjusted -<br/>Note 8)</b> |
|--------------------------------------------------------------|----------------------------|--------------------------------------------|
| <b>Investment Income</b>                                     |                            |                                            |
| Net appreciation in fair value of investments                | \$ 297,681                 | \$ 424,381                                 |
| Dividends                                                    | 36,786                     | 33,707                                     |
| Interest                                                     | 138                        | 2,621                                      |
| Other income (loss)                                          | 2,817                      | (857)                                      |
|                                                              | <u>337,422</u>             | <u>459,852</u>                             |
| Net investment income                                        | <u>337,422</u>             | <u>459,852</u>                             |
| <b>Interest Income on Notes Receivable From Participants</b> | <u>9,658</u>               | <u>11,306</u>                              |
| <b>Contributions</b>                                         |                            |                                            |
| Employer                                                     | 198,252                    | 103,290                                    |
| Participants                                                 | 198,488                    | 197,988                                    |
| Rollovers                                                    | -                          | 10,367                                     |
|                                                              | <u>396,740</u>             | <u>311,645</u>                             |
| Total additions                                              | <u>743,820</u>             | <u>782,803</u>                             |
| <b>Deductions</b>                                            |                            |                                            |
| Benefits paid directly to participants                       | 180,227                    | 134,929                                    |
| Administrative expenses                                      | 10,971                     | 9,546                                      |
|                                                              | <u>191,198</u>             | <u>144,475</u>                             |
| Total deductions                                             | <u>191,198</u>             | <u>144,475</u>                             |
| <b>Net Increase</b>                                          | 552,622                    | 638,328                                    |
| <b>Net Assets Available for Benefits, Beginning of Year</b>  | <u>3,290,901</u>           | <u>2,652,573</u>                           |
| <b>Net Assets Available for Benefits, End of Year</b>        | <u><u>\$ 3,843,523</u></u> | <u><u>\$ 3,290,901</u></u>                 |

# **Drake Container 401(k) Plan**

## **Notes to Financial Statements (Modified Cash Basis)**

### **December 31, 2010 and 2009**

#### **Note 1: Description of the Plan**

The following description of Drake Container 401(k) Plan (the Plan) provides only general information. Participants should refer to the *Plan Document* and *Summary Plan Description* for a more complete description of the Plan's provisions, which are available from the Plan Administrator.

##### ***General***

The Plan is a defined contribution plan sponsored by Drake Container Corporation (the Company) for the benefit of its full-time employees who have at least six months of service. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA). The Company's Chief Executive Officer is the trustee of the Plan. Merrill Lynch Retirement Group (Merrill Lynch) serves as Plan custodian.

##### ***Contributions***

The Plan allows eligible employees to defer up to 20 percent of their annual compensation as contributions to the Plan. Employee rollover contributions are also permitted. Effective January 1, 2010, the Company makes matching contributions of 50 percent of the first 5 percent of employees' compensation. Prior to January 1, 2010, the Company made matching contributions of 100 percent of the first 1 percent and 50 percent of the next 4 percent of employees' salary deferral amounts up to 3 percent of employees' compensation. Company profit sharing contributions are discretionary, as determined by the Company's Board of Directors. Contributions are subject to certain limitations.

##### ***Participant Investment Account Options***

Investment account options available include various funds. Each participant has the option of directing his or her contributions into any of the separate investment accounts and may change the allocation daily.

##### ***Participant Accounts***

Each participant's account is credited with the participant's contributions, the Company's contribution, Plan earnings and forfeitures of terminated participants' non-vested accounts, and is charged with an allocation of administrative expenses. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

***Vesting***

Participants are immediately vested in their voluntary contributions, plus earnings thereon. Vesting in the Company's contribution portion of their accounts, plus earnings thereon, is based on years of credited service. A participant is fully vested after five years of credited service. The non-vested balance is forfeited upon termination of service. Forfeitures are allocated among active participants based upon compensation.

***Payment of Benefits***

Upon termination of service, a participant may elect to receive either a lump-sum amount or a direct rollover equal to the value of his or her vested account or a joint and survivor annuity.

***Forfeited Accounts***

At December 31, 2010 and 2009, forfeited non-vested accounts totaled \$21,822 and \$17,270, respectively. These accounts will be reallocated among active participants based on compensation.

***Notes Receivable From Participants***

The *Plan Document* includes provisions authorizing loans from the Plan to active eligible participants. Loans are made to any eligible participant demonstrating a qualifying need. The minimum amount of a loan shall be \$1,000. The maximum amount of a participant's loan is determined by the available loan balance restricted to the lesser of \$50,000 or 50 percent of the participant's vested account balance. All loans are covered by demand notes and are repayable over a period not to exceed five years, except for loans for the purchase of a principal residence, through payroll withholdings unless the participant is paying the loan in full. Interest on the loans is based on prime, plus 2 percent.

Notes receivable from participants are reported at the amortized principal balance, plus accrued but unpaid interest. Delinquent participant loans are reclassified as distributions based upon the terms of the *Plan Document*.

***Plan Termination***

Although it has not expressed any intent to do so, the Company has the right under the Plan to discontinue its contributions at any time and to terminate the Plan, subject to the provisions of ERISA. In the event of Plan termination, participants will become 100 percent vested in their accounts.

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

**Note 2: Summary of Significant Accounting Policies**

***Modified Cash Basis of Accounting***

The financial statements of the Plan have been prepared on the modified cash basis of accounting. The statements of changes in net assets available for benefits reflect only cash received and cash disbursed and changes in the fair value of investments. Therefore, receivables and payables and accrued income and expenses, which may be material, are not reflected in the accompanying financial statements. The financial statements are not intended to present net assets available for benefits or changes in net assets available for benefits in conformity with accounting principles generally accepted in the United States of America.

***Use of Estimates***

The preparation of financial statements in conformity with the modified cash basis of accounting requires management to make estimates and assumptions that affect the reported amounts of net assets and changes in net assets and disclosure of contingent assets and liabilities at the date of the financial statements. Actual results could differ from those estimates.

***Valuation of Investments and Income Recognition***

Quoted market prices are used to value investments, as provided by Merrill Lynch. Mutual funds are valued at the net asset value of shares held by the Plan at year-end.

Purchases and sales of securities are recorded on a trade-date basis. Interest income is recorded on the modified cash basis. Dividends are recorded on the ex-dividend date. Net appreciation (depreciation) includes the Plan's gains and losses on investments bought and sold, as well as held during the years.

***Plan Tax Status***

The Plan operates under a non-standardized adoption agreement in connection with a prototype 401(k) profit sharing plan and trust sponsored by Merrill Lynch, Pierce, Fenner and Smith Incorporated. This prototype plan document has been filed with the appropriate agency and has obtained a determination letter from the Internal Revenue Service stating that the prototype constitutes a qualified plan under Section 401 of the Internal Revenue Code and that the related trust was tax-exempt as of the financial statement date. The Plan has been amended since the issuance of the determination letter. However, the Plan Administrator believes that the Plan and related trust are currently designed and being operated in compliance with the applicable requirements of the Internal Revenue Code. With a few exceptions, the Plan is no longer subject to U.S. Federal, state and local or non-U.S. income tax examinations by tax authorities for years before 2007.

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

***Payment of Benefits***

Benefit payments to participants are recorded upon distribution.

***Administrative Expenses***

Administrative expenses may be paid by the Company or the Plan, at the Company's discretion.

**Note 3: Investments**

The Plan's investments are held by Merrill Lynch. The Plan's investments (including investments bought, sold and held during the years) appreciated in fair value, as follows:

|                   | <b>2010</b>                                                   |                                      |
|-------------------|---------------------------------------------------------------|--------------------------------------|
|                   | <b>Net<br/>Appreciation<br/>in Fair Value<br/>During Year</b> | <b>Fair Value at<br/>End of Year</b> |
| Mutual funds      | \$ 297,681                                                    | \$ 2,745,061                         |
| Money market fund | -                                                             | 915,416                              |
|                   | <u>\$ 297,681</u>                                             | <u>\$ 3,660,477</u>                  |
|                   | <b>2009 (As Adjusted - Note 8)</b>                            |                                      |
|                   | <b>Net<br/>Appreciation<br/>in Fair Value<br/>During Year</b> | <b>Fair Value at<br/>End of Year</b> |
| Mutual funds      | \$ 424,381                                                    | \$ 2,313,898                         |
| Money market fund | -                                                             | 821,339                              |
|                   | <u>\$ 424,381</u>                                             | <u>\$ 3,135,237</u>                  |

The fair value of individual investments that represented 5 percent or more of the Plan's net assets available for benefits were as shown on the following page.

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

|                                              | 2010         | 2009<br>(As Adjusted -<br>Note 8) |
|----------------------------------------------|--------------|-----------------------------------|
| Davis NY Venture A Fund                      | \$ 838,061   | \$ 739,320                        |
| Merrill Lynch Retirement Reserves Money Fund | 915,416      | 821,339                           |
| BlackRock Government Fund                    | 270,349      | 249,952                           |
| BlackRock Fundamental Growth A Fund          | -            | 224,104                           |
| BlackRock Total Return Fund                  | 251,515      | 209,920                           |
| Oppenheimer Global Opportunities Fund        | 207,987      | 169,452                           |
| BlackRock Capital Approach Fund              | 260,009      | -                                 |
| Other investments under 5%                   | 917,140      | 721,150                           |
|                                              | <hr/>        | <hr/>                             |
| Total investments                            | \$ 3,660,477 | \$ 3,135,237                      |
|                                              | <hr/>        | <hr/>                             |

Interest and dividends realized on the Plan's investments for the years ended December 31, 2010 and 2009, were \$36,924 and \$36,328, respectively.

**Note 4: Party-in-interest Transactions**

Party-in-interest transactions include those with fiduciaries or employees of the Plan, any person who provides services to the Plan, an employer whose employees are covered by the Plan, an employee organization whose members are covered by the Plan, a person who owns 50 percent or more of such an employer or employee organization, or relatives of such persons. The Company provides certain administrative services at no cost to the Plan.

**Note 5: Plan Amendment**

Effective January 1, 2010, the Plan was amended and restated to reduce the employer-matching contributions from 3 percent to 2 ½ percent. Prior to the amendment, the employer-matching contribution was calculated on an annual basis and contributed following the Plan year-end. After the amendment, the employer-matching contribution was calculated and contributed each pay period. Accordingly, the 2010 employer match as reported includes the 2009 and 2010 employer-matching contributions because the Plan is on a modified cash basis of accounting.

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

**Note 6: Fair Value of Plan Assets**

Accounting Standards Codification Topic 820, *Fair Value Measurements*, defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Topic 820 also specifies a fair value hierarchy, which requires a plan to maximize the use of observable inputs and minimize the use of unobservable inputs when measuring fair value. The standard describes three levels of inputs that may be used to measure fair value:

- Level 1**      Quoted prices in active markets for identical assets.
- Level 2**      Observable inputs other than Level 1 prices, such as quoted prices for similar assets; quoted prices in markets that are not active; or other inputs that are observable or can be corroborated by observable market data for substantially the full term of the assets.
- Level 3**      Unobservable inputs that are supported by little or no market activity and that are significant to the fair value of the assets.

Following is a description of the valuation methodologies and inputs used for assets measured at fair value on a recurring basis and recognized in the accompanying statements of net assets available for benefits, as well as the general classification of such assets pursuant to the valuation hierarchy.

***Investments***

Where quoted market prices are available in an active market, securities are classified within Level 1 of the valuation hierarchy. Level 1 securities include mutual funds and a money market fund. If quoted market prices are not available, then fair values are estimated by using pricing models, quoted prices of securities with similar characteristics or discounted cash flows. No Level 2 securities are included. In certain cases where Level 1 or Level 2 inputs are not available, securities are classified within Level 3 of the hierarchy. No Level 3 securities are included.

The table on the following page presents the fair value measurements of assets recognized in the accompanying statements of net assets available for benefits measured at fair value on a recurring basis and the level within the fair value hierarchy in which the fair value measurements fall at December 31, 2010 and 2009.

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

| <b>2010</b>                          |                     |                                                                                           |                                                                      |                                                              |
|--------------------------------------|---------------------|-------------------------------------------------------------------------------------------|----------------------------------------------------------------------|--------------------------------------------------------------|
| <b>Fair Value Measurements Using</b> |                     |                                                                                           |                                                                      |                                                              |
|                                      | <b>Fair Value</b>   | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</b> |                                                                      |                                                              |
|                                      |                     |                                                                                           | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
| Mutual funds:                        |                     |                                                                                           |                                                                      |                                                              |
| Blended funds                        | \$ 980,301          | \$ 980,301                                                                                | \$ -                                                                 | \$ -                                                         |
| Growth funds                         | 1,007,612           | 1,007,612                                                                                 | -                                                                    | -                                                            |
| Value funds                          | 235,284             | 235,284                                                                                   | -                                                                    | -                                                            |
| Bond funds                           | 521,864             | 521,864                                                                                   | -                                                                    | -                                                            |
| Total mutual funds                   | 2,745,061           | 2,745,061                                                                                 | 0                                                                    | 0                                                            |
| Money market fund                    | 915,416             | 915,416                                                                                   | -                                                                    | -                                                            |
| Total                                | <u>\$ 3,660,477</u> | <u>\$ 3,660,477</u>                                                                       | <u>\$ 0</u>                                                          | <u>\$ 0</u>                                                  |
| <b>2009 (As Adjusted - Note 8)</b>   |                     |                                                                                           |                                                                      |                                                              |
| <b>Fair Value Measurements Using</b> |                     |                                                                                           |                                                                      |                                                              |
|                                      | <b>Fair Value</b>   | <b>Quoted Prices<br/>in Active<br/>Markets for<br/>Identical<br/>Assets<br/>(Level 1)</b> |                                                                      |                                                              |
|                                      |                     |                                                                                           | <b>Significant<br/>Other<br/>Observable<br/>Inputs<br/>(Level 2)</b> | <b>Significant<br/>Unobservable<br/>Inputs<br/>(Level 3)</b> |
| Mutual funds:                        |                     |                                                                                           |                                                                      |                                                              |
| Blended funds                        | \$ 850,339          | \$ 850,339                                                                                | \$ -                                                                 | \$ -                                                         |
| Growth funds                         | 829,045             | 829,045                                                                                   | -                                                                    | -                                                            |
| Value funds                          | 174,642             | 174,642                                                                                   | -                                                                    | -                                                            |
| Bond funds                           | 459,872             | 459,872                                                                                   | -                                                                    | -                                                            |
| Total mutual funds                   | 2,313,898           | 2,313,898                                                                                 | 0                                                                    | 0                                                            |
| Money market fund                    | 821,339             | 821,339                                                                                   | -                                                                    | -                                                            |
| Total                                | <u>\$ 3,135,237</u> | <u>\$ 3,135,237</u>                                                                       | <u>\$ 0</u>                                                          | <u>\$ 0</u>                                                  |

# Drake Container 401(k) Plan

## Notes to Financial Statements (Modified Cash Basis)

### December 31, 2010 and 2009

#### Note 7: Risks and Uncertainties

The Plan invests in various investment securities. Investment securities are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the participants' account balances and the amounts reported in the statements of net assets available for benefits.

#### Note 8: Change in Accounting Principle

During 2010, the Plan adopted the provisions of Accounting Standards Update (ASU) 2010-25, *Reporting Loans to Participants by Defined Contribution Pension Plans*. The ASU requires loans to participants to be reported as notes receivable from participants at unpaid principal, plus accrued but unpaid interest, instead of being reported as a part of investments at fair value as they were under previous guidance.

The financial statement line items shown below for fiscal years 2010 and 2009 were affected by the change in accounting principle.

| <b>2010</b>                                           |                                                    |                                              |                             |
|-------------------------------------------------------|----------------------------------------------------|----------------------------------------------|-----------------------------|
| <b>Statement of Net Assets Available for Benefits</b> |                                                    |                                              |                             |
|                                                       | <b>As Computed<br/>Under Previous<br/>Guidance</b> | <b>As Computed<br/>Under ASU<br/>2010-25</b> | <b>Effect of<br/>Change</b> |
| Investments                                           | \$ 3,843,473                                       | \$ 3,660,477                                 | \$ (182,996)                |
| Notes receivable from participants                    | -                                                  | 182,996                                      | 182,996                     |

| <b>2009</b>                                           |                                   |                    |                             |
|-------------------------------------------------------|-----------------------------------|--------------------|-----------------------------|
| <b>Statement of Net Assets Available for Benefits</b> |                                   |                    |                             |
|                                                       | <b>As Previously<br/>Reported</b> | <b>As Adjusted</b> | <b>Effect of<br/>Change</b> |
| Investments                                           | \$ 3,290,801                      | \$ 3,135,237       | \$ (155,564)                |
| Notes receivable from participants                    | -                                 | 155,564            | 155,564                     |

**Drake Container 401(k) Plan**  
**Notes to Financial Statements (Modified Cash Basis)**  
**December 31, 2010 and 2009**

| <b>2010</b>                                                          |                                                    |                                              |                             |
|----------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------|-----------------------------|
| <b>Statement of Changes in Net Assets<br/>Available for Benefits</b> |                                                    |                                              |                             |
|                                                                      | <b>As Computed<br/>Under Previous<br/>Guidance</b> | <b>As Computed<br/>Under ASU<br/>2010-25</b> | <b>Effect of<br/>Change</b> |
| Interest                                                             | \$ 9,796                                           | \$ 138                                       | \$ (9,658)                  |
| Interest income on notes receivable<br>from participants             | -                                                  | 9,658                                        | 9,658                       |
| <b>2009</b>                                                          |                                                    |                                              |                             |
| <b>Statement of Changes in Net Assets<br/>Available for Benefits</b> |                                                    |                                              |                             |
|                                                                      | <b>As Previously<br/>Reported</b>                  | <b>As Adjusted</b>                           | <b>Effect of<br/>Change</b> |
| Interest                                                             | \$ 13,927                                          | \$ 2,621                                     | \$ (11,306)                 |
| Interest income on notes receivable<br>from participants             | -                                                  | 11,306                                       | 11,306                      |

**Note 9: Subsequent Events**

Subsequent events have been evaluated through August 2, 2011, which is the date the financial statements were available to be issued.

## **Supplemental Schedule**

# Drake Container 401(k) Plan

EIN 74-1618803 PN 001

## Schedule H, Line 4i – Schedule of Assets (Held at End of Year)

(Modified Cash Basis)

December 31, 2010

| (a)(b)<br>Identity of Issuer                                                           | (c)<br>Description of<br>Investment | (e)<br>Current<br>Value** |
|----------------------------------------------------------------------------------------|-------------------------------------|---------------------------|
| <u>Mutual Funds</u>                                                                    |                                     |                           |
| Davis NY Venture A Fund                                                                | 17,877 shares                       | \$ 838,061                |
| *BlackRock Government Fund                                                             | 8,357 shares                        | 270,349                   |
| *BlackRock Total Return Fund                                                           | 6,459 shares                        | 251,515                   |
| Oppenheimer Global Growth & Income A Fund                                              | 6,996 shares                        | 207,987                   |
| Oppenheimer International Growth A Fund                                                | 3,713 shares                        | 186,273                   |
| Alger Balanced Portfolio A Fund                                                        | 4,561 shares                        | 97,613                    |
| Van Kampen Equity and Income A Fund                                                    | 14,538 shares                       | 124,883                   |
| Van Kampen American Value A Fund                                                       | 4,060 shares                        | 110,401                   |
| John Hancock Small Cap Equity A Fund                                                   | 1,928 shares                        | 103,230                   |
| *BlackRock S&P 500 Index I Fund                                                        | 3,949 shares                        | 60,742                    |
| *BlackRock Value Opportunities A Fund                                                  | 3,976 shares                        | 81,498                    |
| Van Kampen Mid Cap Growth A Fund                                                       | 1,642 shares                        | 48,870                    |
| MFS Massachusetts Investors Growth Stock A Fund                                        | 2,169 shares                        | 33,100                    |
| MFS Massachusetts Investors Trust C Fund                                               | 1,053 shares                        | 20,242                    |
| *BlackRock Healthcare A Fund                                                           | 3,296 shares                        | 18,427                    |
| Threadneedle Global Equity A Fund                                                      | 2 shares                            | 14                        |
| Alliance Bernstein Global Technology Fund                                              | 413 shares                          | 31,833                    |
| BlackRock Capital Approach Fund                                                        | 619 shares                          | 260,009                   |
| Virtus Mid Cap Growth A Fund                                                           | 1 share                             | 14                        |
| <u>Money Market Fund</u>                                                               |                                     |                           |
| *Merrill Lynch Retirement Reserves Money Fund                                          | 915,416 shares                      | 915,416                   |
| <u>Participant Loans</u>                                                               |                                     |                           |
| Interest rates ranging from 5.25%<br>to 10.25%, varying maturity dates<br>through 2015 |                                     | 182,996                   |
|                                                                                        |                                     | <u>\$ 3,843,473</u>       |

\*A party-in-interest as defined by ERISA.

\*\*Column (d) cost information is not presented because all investments are participant directed.

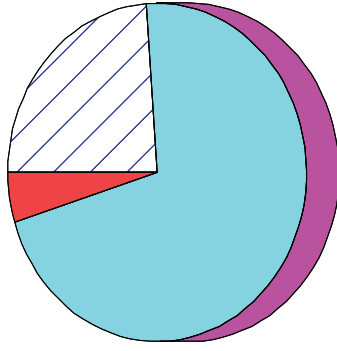
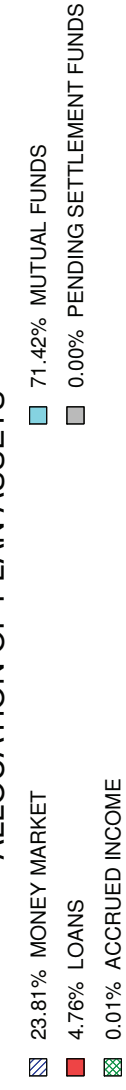
# STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

DRAKE CONTAINER CORPORATION  
401(K) PLAN  
CONSOLIDATION

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## ALLOCATION OF PLAN ASSETS



| Investment Category            | Shares/Units | Price/NAV | Cost/Book Value | Market Value | % Total Value |
|--------------------------------|--------------|-----------|-----------------|--------------|---------------|
| <u>MONEY MARKET</u>            |              |           |                 |              |               |
| RETIREMENT RESERVES MONEY FUND | 908,502.0600 | 1.000     | 908,503.52      | 908,502.06   | 23.64%        |
| RETIREMENT GM RESERVE MONEY FD | 6,547.9700   | 1.000     | 6,547.97        | 6,547.97     | 0.17%         |
| TOTAL MONEY MARKET             |              |           | 915,051.49      | 915,050.03   | 23.81%        |
| <u>MUTUAL FUNDS</u>            |              |           |                 |              |               |
| INVESCO VAN KAMPEN AMERICAN A  | 4,060.3479   | 27.190    | 98,475.44       | 110,400.86   | 2.87%         |
| INVESCO VAN KAMPEN EQUITY FD A | 14,538.1899  | 8.590     | 113,836.85      | 124,883.05   | 3.25%         |
| INVESCO VAN KAMPEN MID CAP A   | 1,642.1521   | 29.760    | 38,720.19       | 48,870.45    | 1.27%         |
| THREADNEEDLE GLOBAL            | 1.8516       | 7.390     | 11.54           | 13.68        | 0.00%         |
| BLACKROCK CAPITAL APPRC CL A   | 618.8681     | 22.990    | 12,509.09       | 14,227.78    | 0.37%         |
| BLACKROCK CAPITAL APP GM CL A  | 10,690.8005  | 22.990    | 209,163.01      | 245,781.50   | 6.39%         |

Balances include the effect of pending trades

## STATEMENT OF ASSETS

FOR THE PERIOD 01/01/2010 - 12/31/2010

DRAKE CONTAINER CORPORATION  
401(K) PLAN  
CONSOLIDATION

| Investment<br>Category         | Shares/<br>Units | Price/<br>NAV | Cost/Book<br>Value | Market<br>Value | % Total<br>Value |
|--------------------------------|------------------|---------------|--------------------|-----------------|------------------|
| JOHN HANCOCK SM CAP EQTY CL A  | 1,927.6040       | 24.680        | 34,373.07          | 47,573.27       | 1.24%            |
| JOHN HNCK SM CAP EQTY A-GM     | 2,255.1477       | 24.680        | 39,535.02          | 55,657.05       | 1.45%            |
| BLACKROCK TOTAL RETURN PORTFOL | 6,459.2573       | 11.120        | 69,414.10          | 71,826.94       | 1.87%            |
| BLACKROCK TOTAL RETURN PORT GM | 16,158.9590      | 11.120        | 176,302.55         | 179,687.62      | 4.68%            |
| BLACKROCK HEALTHCARE A         | 3,296.4688       | 5.590         | 17,083.77          | 18,427.26       | 0.48%            |
| BLACKROCK VALUE OPPS A         | 3,976.1037       | 19.090        | 67,719.68          | 75,903.82       | 1.97%            |
| BLACKROCK VALUE OPPS A GM      | 293.0663         | 19.090        | 4,710.12           | 5,594.64        | 0.15%            |
| OPPENHEIMER INTL GROWTH F CL A | 3,713.4203       | 28.060        | 91,641.12          | 104,198.57      | 2.71%            |
| OPPENHEIMER INTL GRW F A GM    | 2,924.9751       | 28.060        | 75,390.56          | 82,074.80       | 2.14%            |
| BLACKROCK GOV INC A            | 8,356.9021       | 10.810        | 89,261.27          | 90,338.11       | 2.35%            |
| BLACKROCK GOV INC A GM         | 16,652.2103      | 10.810        | 177,195.34         | 180,010.39      | 4.68%            |
| ALGER BALANCED FD A            | 4,561.3524       | 21.400        | 97,879.99          | 97,612.94       | 2.54%            |
| BLACKROCK S&P500 INDEX I       | 3,949.3825       | 15.380        | 64,285.72          | 60,741.50       | 1.58%            |
| ALLNCBRNSTN GLOBAL THEMATIC A  | 412.5590         | 77.160        | 25,914.74          | 31,833.05       | 0.83%            |
| OPPENHEIMER GLOBAL OPPOR A     | 6,995.8702       | 29.730        | 184,368.38         | 207,987.22      | 5.41%            |
| MASS INVEST GROWTH STK FD CL A | 2,169.0589       | 15.260        | 27,811.87          | 33,099.84       | 0.86%            |
| MASS. INVESTORS TRUST          | 1,053.1607       | 19.220        | 17,494.84          | 20,241.75       | 0.53%            |
| DAVIS NY VENTURE FD CL A       | 17,877.4596      | 34.340        | 635,315.22         | 613,911.96      | 15.97%           |
| DAVIS NY VENTURE FD CL A GM    | 6,527.3347       | 34.340        | 209,577.28         | 224,148.67      | 5.83%            |
| VIRTUS MID CAP GRTH FUND A     | 0.8634           | 16.190        | 11.46              | 13.98           | 0.00%            |
| TOTAL MUTUAL FUNDS             |                  |               | 2,578,002.22       | 2,745,060.70    | 71.42%           |

Balances include the effect of pending trades



STATEMENT OF ASSETS  
FOR THE PERIOD 01/01/2010 - 12/31/2010

DRAKE CONTAINER CORPORATION  
401(K) PLAN  
CONSOLIDATION

| Investment Category             | Shares/<br>Units | Price/<br>NAV | Cost/Book<br>Value | Market<br>Value | % Total<br>Value |
|---------------------------------|------------------|---------------|--------------------|-----------------|------------------|
| <u>LOANS</u>                    |                  |               |                    |                 |                  |
| LOAN FUND                       | 182,995.8100     | 1.000         | 182,995.81         | 182,995.81      | 4.76%            |
| <u>PENDING SETTLEMENT FUNDS</u> |                  |               |                    |                 |                  |
| PENDING SETTLEMENT FUND         | 50.0000          | 1.000         | 50.00              | 50.00           | 0.00%            |
| INVESTMENT TOTAL                |                  |               | 3,676,099.52       | 3,843,156.54    | 99.99%           |
| UNINVESTED CASH                 |                  |               | 0.00               | 0.00            | 0.00%            |
| ACCRUED INCOME                  |                  |               | 365.99             | 365.99          | 0.01%            |
| CASH                            |                  |               | 0.00               | 0.00            | 0.00%            |
| TOTAL ASSETS                    |                  |               | 3,676,465.51       | 3,843,522.53    | 100.00%          |

The balance in the cash fund may be temporarily invested in the BIF Money Fund. Additional amounts not reported as cash may also be invested in the BIF Money Fund pending settlement of trades.

Balances include the effect of pending trades