


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90037 010 ***150.00

DOCUMENT # 833546

1. Entity Name
LIQUI-BOX CORPORATION



Principal Place of Business
**6950 WORTHINGTON-GALENA RD
 WORTHINGTON, OH 43085**

Mailing Address
**1007 MARKET STREET
 D-13039
 WILMINGTON, DE 19898**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State
 Zip Country



03212005 Chg-P CR2E034 (10/03)

6. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION, FL 33324**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CONNER, KAREN M	
STREET ADDRESS	6950 WORTHINGTON-GALENA RD	
CITY-ST-ZIP	WORTHINGTON, OH 43085	
TITLE	P	<input type="checkbox"/> Delete
NAME	GRAVES, STUART M	
STREET ADDRESS	6950 WORTHINGTON GALENA RD	
CITY-ST-ZIP	WORTHINGTON, OH 43085	
TITLE	AS	<input type="checkbox"/> Delete
NAME	LEA, LORIANN	
STREET ADDRESS	1007 MARKET STREET	
CITY-ST-ZIP	WILMINGTON, DE 19898	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOUG BAKER	
STREET ADDRESS	7070 MISSISSAUGA ROAD	
CITY-ST-ZIP	MISSISSAUGA, ON, L5N 6M8	
TITLE	ST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOMY HARNIC	
STREET ADDRESS	6950 WORTHINGTON-GALENA ROAD	
CITY-ST-ZIP	WORTHINGTON, OH 43085	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLAUDIA DA COSTA	
STREET ADDRESS	7070 MISSISSAUGA ROAD	
CITY-ST-ZIP	MISSISSAUGA, ONTARIO L5M 2H3	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANDY GIRARDI	
STREET ADDRESS	1007 MARKET ST.	
CITY-ST-ZIP	WILMINGTON, DE 19898	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEBBER LEE	
STREET ADDRESS	1007 MARKET ST.	
CITY-ST-ZIP	WILMINGTON, DE 19898	
TITLE	AT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEMSE BECK	
STREET ADDRESS	1007 MARKET ST	
CITY-ST-ZIP	WILMINGTON, DE 19898	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **3/28/05**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT

333546

ADDITIONAL OFFICER/DIRECTOR CHANGES

TITLE: D
NAME: Todd Sutton
STREET ADDRESS: 6950 Worthington-Galena Road
CITY-ST-ZIP: Worthington, OH 43085

ADDITION

TITLE: D
NAME: Marisa Bash
STREET ADDRESS: 6950 Worthington-Galena Road
CITY-ST-ZIP: Worthington, OH 43085

ADDITION