

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833546

FILED
Mar 24, 2010
Secretary of State

Entity Name: LIQUI-BOX CORPORATION

Current Principal Place of Business:

6950 WORTHINGTON-GALENA RD
WORTHINGTON, OH 43085

New Principal Place of Business:

Current Mailing Address:

1007 MARKET STREET
D-13039
WILMINGTON, DE 19898

New Mailing Address:

FEI Number: 31-0628033 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P
Name: GRAHAM, ROSZANN
Address: 7070 WISSISSAUGA ROAD
City-St-Zip: MISSISSAUGA, ON LSN SMB

Title: DT
Name: CONAWAY, JAMES
Address: 6950 WORTHINGTON GALENA RD
City-St-Zip: WORTHINGTON, OH 43085

Title: AS
Name: LEA, LORIANN
Address: 1007 MARKET STREET
City-St-Zip: WILMINGTON, DE 19898

Title: VP
Name: SUTTON, TODD
Address: 1007 MARKET STREET
City-St-Zip: WILMINGTON, DE 19898

Title: T
Name: SCYTHES, VICKIE S
Address: 1007 MARKET STREET
City-St-Zip: WILMINGTON, DE 19898

Title: S
Name: SHADE, LAUREN
Address: 1007 MARKET STREET
City-St-Zip: WILMINGTON, DE 19898

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: VICKIE SCYTHES

TREA

03/24/2010

_____ Electronic Signature of Signing Officer or Director

_____ Date