

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2003 8:00 am
Secretary of State

01-14-2003 90087 027 ***150.00

0041231 A1

DOCUMENT # 833546

1. Entity Name
LIQUI-BOX CORPORATION



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

Mailing Address
**6950 WORTHINGTON-GALENA RD
WORTHINGTON OH 43085**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **31-0628033**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME	CDT DAVIS, S.B. <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6950 WORTHINGTON-GALENA RD WORTHINGTON OH 43085
TITLE NAME	P GRAVES, STUART M <input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6950 WORTHINGTON GALENA RD WORTHINGTON OH 43085
TITLE NAME	VC DAVIS, S.N. <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6950 WORTHINGTON GALENA RD WORTHINGTON OH 43085
TITLE NAME	CFO VALENTINE, ROBERT <input checked="" type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	6950 WORTHINGTON GALENA RD WORTHINGTON OH 43085
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Delete
STREET ADDRESS CITY-ST-ZIP	

TITLE NAME	Finance Manager <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	Karen M. Conner 6950 Worthington-Galena Rd Worthington, OH 43085
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	
TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS CITY-ST-ZIP	

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 REQUIRED** Karen M. Conner **Karen M. Conner** 1/8/03 (614) 888-9283
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)