

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003713

FILED  
Jan 04, 2011  
Secretary of State

Entity Name: CM PACKAGING - ILLINOIS, INC.

**Current Principal Place of Business:**

800 ELA ROAD  
LAKE ZURICH, IL 60047

**New Principal Place of Business:**

**Current Mailing Address:**

800 ELA ROAD  
LAKE ZURICH, IL 60047

**New Mailing Address:**

FEI Number: 36-4387919      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH 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

**OFFICERS AND DIRECTORS:**

Title: DPAS  
Name: FABER, MARK R  
Address: 800 ELA ROAD  
City-St-Zip: LAKE ZURICH, IL 60047

Title: DV  
Name: BARTON, RICHARD D  
Address: 800 ELA ROAD  
City-St-Zip: LAKE ZURICH, IL 60047

Title: DAS  
Name: SAXMAN, SUZANNE L  
Address: 55 EAST MONROE STREET, SUITE 4200  
City-St-Zip: CHICAGO, IL 60603

Title: V  
Name: JENKINS, MICHAEL  
Address: 800 ELA ROAD  
City-St-Zip: LAKE ZURICH, IL 60047

Title: V  
Name: SHELANDER, KEVIN  
Address: 800 ELA ROAD  
City-St-Zip: LAKE ZURICH, IL 60047

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: KEVIN SHELANDER

VP

01/04/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date