

**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 06, 2004 8:00 am**  
**Secretary of State**

07-06-2004 90118 049 \*\*\*550.00

**DOCUMENT # F96000002079**  
 1. Entity Name  
**NATIONAL PAPER & PACKAGING CO.**



Principal Place of Business      Mailing Address  
 26401 RICHMOND ROAD      26401 RICHMOND ROAD  
 BEDFORD HTS., OH 44146      BEDFORD HTS., OH 44146

**DO NOT WRITE IN THIS SPACE**



06152004    No Chg-P    CR2E034 (10/03)

4. FEI Number      Applied For  
**34-0966857**      Not Applicable

5. Certificate of Status Desired        **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent  
 C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

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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 \$550.00**  
**Due by September 8, 2004**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRYANT, JACK 5504 LAKESHPRE AVENUE WESTERVILLE, OH 43082
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BROWN, KENNETH G 8278 LUCERNE DR. CHAGRIN FALLS, OH 44022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO MULLEN, JOHN 425 CHADWICK DRIVE AURORA, OH 44202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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:** *J. Mullen*      6/15/04      216-514-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #