


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90358 015 \*\*\*150.00

**DOCUMENT # F96000002079**

1. Entity Name  
**NATIONAL PAPER & PACKAGING CO.**



Principal Place of Business <b>26401 RICHMOND ROAD BEDFORD HTS., OH 44146</b>	Mailing Address <b>26401 RICHMOND ROAD BEDFORD HTS., OH 44146</b>
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**DO NOT WRITE IN THIS SPACE**



03272006 No Chg-P CR2E034 (11/05)

4. FEI Number <b>34-0966857</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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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IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

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 LAKESHORE 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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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *John Mullen* **3/27/06** **216 514 7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #