2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 14, 2000 8:00 am
Secretary of State
03-14-2000 90028 050 ***150.00

DOCUMENT # F96000001996

1. Entity Name

SEABOARD FOLDING BOX CORPORATION

Principal Place of Business	Mailing Address
35 DANIELS ST. FITCHBURG MA 01420-7600	35 DANIELS ST. FITCHBURG MA 01420-7606

DO NOT WRITE IN THIS SPACE

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 04-3311365 ☐ Applied For ☐ 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

7. Name and Address of New Registered Agent

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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SCEO QUINN, THOMAS H 1751 LAKE COOK ROAD, STE. 550 DEERFIELD IL 60015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Dora Rabinow 35 Daniels Street Fitchburg, MA 01420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P RABINOW, ALLEN 35 DANIELS ST FITCHBURG MA 01420-7600	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T Richard Mattson 35 Daniels St. Fitchburg, MA 01420	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CVAS SPIELBERGER, THOMAS C 1751 LAKE COOK RD., STE. 550 DEERFIELD IL 60015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS Steven L. Rist 4520 Main St., Suite 1100 Kansas City, MO 64111	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS FISHER, G. ROBERT 1200 MAIN, STE. 3500 KANSAS CITY MO 64105	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS G. Robert Fisher 4520 Main Street, Suite 1100 Kansas City, MO 64111	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS VAN DYKE, MICHAEL J 1675 BROADWAY, STE 1600 NEW YORK NY 10019	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS James B. Carlson 1675 Broadway, Suite 1600 New York, NY 10019	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS NELSON, GORDON L 1751 LAKE COOK RD, STE 550 DEERFIELD IL 60015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Steven L. Rist, Assistant Secretary 816-932-4400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #