

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000007955

Entity Name: MENASHA PACKAGING COMPANY, LLC

Current Principal Place of Business:

1645 BERGSTROM RD
NEENAH, WI 54956

Current Mailing Address:

1645 BERGSTROM RD
NEENAH, WI 54956 US

FEI Number: 39-2040050

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 US

FILED
Apr 30, 2021
Secretary of State
1402501790CC

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

Authorized Person(s) Detail :

Title VP, SECRETARY
Name FOGARTY, MARK P
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title VP
Name RETTLER, THOMAS M
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title PRESIDENT
Name RIEGSECKER, MICHAEL D
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title VP
Name KREPLINE, JEFFREY L
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title VP
Name CALHOON, RICK R
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title TREASURER
Name HAMMEN, LEA ANN
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title ASST. TREASURER
Name PAPROCKI, PAUL G
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

Title ASST. SECRETARY
Name BLANEY, PATRICK M
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956

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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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PAUL G PAPROCKI

ASSISTANT TREASURER 04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name RICHEY, MARTHA M
Address 1645 BERGSTROM RD
City-State-Zip: NEENAH WI 54956