

**2023 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**  
**Mar 21, 2023**  
**Secretary of State**  
**1098895010CC**

*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, DIRECTOR  
Name FOGARTY, MARK P  
Address 1645 BERGSTROM RD  
City-State-Zip: NEENAH WI 54956

Title PRESIDENT, DIRECTOR  
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 VP, DIRECTOR, 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

Title VP  
Name RICHEY, MARTHA 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 03/21/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name GOSLING, PAUL R  
Address 1645 BERGSTROM ROAD  
City-State-Zip: NEENAH WI 54956

Title VP  
Name MARMAN, PETER  
Address 1645 BERGSTROM RD  
City-State-Zip: NEENAH WI 54956

Title ASSISTANT TREASURER  
Name KARLS, JASON  
Address 1645 BERGSTROM RD  
City-State-Zip: NEENAH WI 54956