

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M1800009493

**Entity Name:** GRAPHIC PACKAGING INTERNATIONAL, LLC

**Current Principal Place of Business:**

1500 RIVEREDGE PARKWAY  
SUITE 100  
ATLANTA, GA 30328

**FILED**  
**Apr 22, 2022**  
**Secretary of State**  
**3920298943CC**

**Current Mailing Address:**

1500 RIVEREDGE PARKWAY  
SUITE 100  
ATLANTA, GA 30328 US

**FEI Number: 84-0772929**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 US

*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 MEMBER  
Name GRAPHIC PACKAGING INTERNATIONAL PARTNERS, LLC  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT TREASURER  
Name WATERS, MOLLIE  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT GENERAL COUNSEL AND ASSISTANT SECRETARY  
Name LYNN CHURCH, LAURA  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title EXECUTIVE VICE PRESIDENT  
Name TASHMA, LAUREN  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT TREASURER  
Name CRUM, KEVIN  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title PRESIDENT AND CHIEF EXECUTIVE OFFICER  
Name DOSS, MICHAEL  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT SECRETARY  
Name ALEXANDER, ROSEANN  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title EXECUTIVE VICE PRESIDENT  
Name SCHERGER, STEPHEN  
Address 1500 RIVEREDGE PARKWAY SUITE 100  
City-State-Zip: ATLANTA GA 30328

**Continues on page 2**

*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: ROBERT ALLEN**

**ASSISTANT TREASURER 04/22/2022**

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

\_\_\_\_\_  
Date

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

Title VP  
Name MCCLAIN, RACHEL  
Address 1500 RIVEREDGE PARKWAY  
SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title VICE PRESIDENT AND TREASURER  
Name ANKERHOLZ, BRADFORD  
Address 1500 RIVEREDGE PARKWAY  
SUITE 100  
City-State-Zip: ATLANTA GA 30328

Title ASSISTANT TREASURER  
Name ALLEN, ROBERT  
Address 1500 RIVEREDGE PARKWAY  
SUITE 100  
City-State-Zip: ATLANTA GA 30328