

2020 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 805121

Entity Name: GREIF, INC.**Current Principal Place of Business:**425 WINTER ROAD
ATTN: TAX DEPT.
DELAWARE, OH 43015**Current Mailing Address:**425 WINTER ROAD
ATTN: TAX DEPT.
DELAWARE, OH 43015 US**FEI Number:** 31-4388903**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

Officer/Director Detail :

Title CEO
Name WATSON, PETER G
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

Title VP
Name LYNCH, LINDA
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

Title SEC
Name MARTZ, GARY R
Address 425 WINTER RD
City-State-Zip: DELAWARE OH 43015

Title TREASURER
Name LLOYD, DAVID
Address 425 WINTER ROAD
ATTN: TAX DEPT.
City-State-Zip: DELAWARE OH 43015

Title DIRECTOR
Name EDWARDS, BRUCE
Address 425 WINTER ROAD
ATTN: TAX DEPT.
City-State-Zip: DELAWARE OH 43015

Title DIRECTOR
Name EMKES, MARK A.
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

Title DIRECTOR
Name FINN, JOHN F.
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

Title DIRECTOR
Name GUNSETT, DANIEL J.
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

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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 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 above, or on an attachment with all other like empowered.

SIGNATURE: GARY R. MARTZ**SECRETARY****04/23/2020**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HOOK , JUDITH D.
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

Title DIRECTOR
Name WATSON , PETER G.
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015

Title DIRECTOR
Name MCNAMARA , JOHN W.
Address 425 WINTER ROAD
City-State-Zip: DELAWARE OH 43015