

**2015 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 833546

**FILED**  
**Apr 30, 2015**  
**Secretary of State**  
**CC0829057411**

**Entity Name:** LIQUI-BOX CORPORATION

**Current Principal Place of Business:**

480 SCHROCK ROAD  
SUITE G  
COLUMBUS, OH 43229-1092

**Current Mailing Address:**

480 SCHROCK ROAD  
SUITE G  
COLUMBUS, OH 43229-1092 US

**FEI Number:** 31-0628033

**Certificate of Status Desired:** No

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

CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION, FL 33324 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            PRESIDENT, DIRECTOR  
Name            SWANSON, KEN J  
Address        901 E. BYRD STREET  
                  SUITE 1105  
City-State-Zip: RICHMOND VA 23219

Title            DIRECTOR  
Name            CARR, FRANCIS T  
Address        9 GREENWAY PLAZA, SUITE 2400  
City-State-Zip: HOUSTON TX 77046

Title            TREASURER, DIRECTOR  
Name            MARMO, LOUIS  
Address        901 E. BYRD STREET  
                  SUITE 1105  
City-State-Zip: RICHMOND VA 23219

Title            SECRETARY  
Name            PARKER, LEANNE  
Address        901 E. BYRD STREET  
                  SUITE 1105  
City-State-Zip: RICHMOND VA 23219

Title            TAX ACCOUNTANT  
Name            COLLINS, TERI  
Address        480 SCHROCK ROAD  
                  SUITE G  
City-State-Zip: COLUMBUS OH 43229-1092

*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:** TERI COLLINS

**TAX ACCOUNTANT**

**04/30/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date