

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833546

Entity Name: LIQUI-BOX CORPORATION

Current Principal Place of Business:

2415 CASCADE POINTE BLVD
CHARLOTTE, NC 28208

Current Mailing Address:

2415 CASCADE POINTE BLVD
CHARLOTTE, NC 28208 US

FEI Number: 31-0628033

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301 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 DIRECTOR, PRESIDENT, TREASURER
Name YANG, SHUXIAN
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title DIRECTOR, VP
Name JOHNSON, VERONIKA
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title DIRECTOR, VP, SECRETARY
Name WILLIS, ANGEL S.
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title VP, ASST. TREASURER
Name SULLIVAN, BRIAN
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title VP
Name CUNNINGHAM, KEITH
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title VP, ASST. SECRETARY
Name DONG, YOUHAO J.
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title VP, ASST. SECRETARY
Name TYLINSKI, LORI K.
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

Title VP, ASST. SECRETARY
Name LAGALY, THOMAS C.
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

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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: ANGEL S. WILLIS

SECRETARY

01/09/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date

Officer/Director Detail Continued :

Title VP, ASST. SECRETARY
Name RUBLE, DAN
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208