2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 833546

Entity Name: LIQUI-BOX CORPORATION

Current Principal Place of Business:

901 E. BYRD ST. SUITE 1105 RICHMOND, VA 23219

Current Mailing Address:

901 E. BYRD ST. SUITE 1105 RICHMOND, VA 23219 US

FEI Number: 31-0628033

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

Officer/Director Detail :

DIRECTOR	Title	DIRECTOR
POLAKOFF, ROBERT	Name	MORIS, ROBERT
901 E. BYRD ST. SUITE 1105	Address	901 E. BYRD ST. SUITE 1105
RICHMOND VA 23219	City-State-Zip:	RICHMOND VA 23219
DIRECTOR	Title	DIRECTOR
EASON, EVAN	Name	BETTEGOWDA, MANU
901 E. BYRD ST. SUITE 1105	Address	901 E. BYRD ST. SUITE 1105
RICHMOND VA 23219	City-State-Zip:	RICHMOND VA 23219
DIRECTOR	Title	SECRETARY
SWANSON, KENNETH J.	Name	PARKER, LEANNE
901 E. BYRD ST. SUITE 1105	Address	901 E. BYRD ST. SUITE 1105
RICHMOND VA 23219	City-State-Zip:	RICHMOND VA 23219
TREASURER	Title	PRESIDENT
MARMO, LOUIS A.	Name	SWANSON, KENNETH J.
901 E. BYRD ST. SUITE 1105	Address	901 E. BYRD ST. SUITE 1105
RICHMOND VA 23219	City-State-Zip:	RICHMOND VA 23219
	DIRECTOR POLAKOFF, ROBERT 901 E. BYRD ST. SUITE 1105 RICHMOND VA 23219 DIRECTOR EASON, EVAN 901 E. BYRD ST. SUITE 1105 RICHMOND VA 23219 DIRECTOR SWANSON, KENNETH J. 901 E. BYRD ST. SUITE 1105 RICHMOND VA 23219 TREASURER MARMO, LOUIS A. 901 E. BYRD ST.	DIRECTORTitlePOLAKOFF, ROBERTName901 E. BYRD ST. SUITE 1105AddressSUITE 1105City-State-Zip:DIRECTORTitleEASON, EVANName901 E. BYRD ST. SUITE 1105AddressRICHMOND VA 23219City-State-Zip:DIRECTORTitleSWANSON, KENNETH J.Name901 E. BYRD ST. SUITE 1105AddressSUITE 1105TitleDIRECTORCity-State-Zip:DIRECTORCity-State-Zip:DIRECTORTitleSWANSON, KENNETH J.Name901 E. BYRD ST. SUITE 1105AddressRICHMOND VA 23219City-State-Zip:TREASURERTitleMARMO, LOUIS A.Name901 E. BYRD ST. SUITE 1105Address

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: LOUIS A. MARMO

TREASURER

04/06/2018

Date

Electronic Signature of Signing Officer/Director Detail

FILED Apr 06, 2018 Secretary of State CC9297671288

Certificate of Status Desired: No