

**2018 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000004631

**Entity Name:** CPI PACKAGING, INC.

**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: 22-3850018**

**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 SECRETARY, DIRECTOR, VP  
Name CHAYOUN, GUY  
Address 2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

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

Title PRESIDENT  
Name PENNINGTON, RODNEY  
Address 504 WATERWAY DRIVE  
City-State-Zip: AMORY MS 38821

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

Title DIRECTOR, CFO, VP  
Name STIEHL, WILLIAM G.  
Address 2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

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

*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: GUY CHAYOUN**

**VICE PRESIDENT**

**01/29/2018**

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

\_\_\_\_\_  
Date