

2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000007240

Entity Name: OLIVER HEALTHCARE PACKAGING COMPANY**Current Principal Place of Business:**445 SIXTH STREET, NW
GRAND RAPIDS, MI 49504**Current Mailing Address:**445 SIXTH STREET, NW
GRAND RAPIDS, MI 49504 US**FEI Number:** 38-2363773**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH 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 ASSISTANT SECRETARY
Name TAIARIOL, LUANN
Address 445 SIXTH STREET, NW
City-State-Zip: GRAND RAPIDS MI 49504

Title DIRECTOR - CHAIR
Name CALLAHAN, TIMOTHY M
Address 445 SIXTH STREET, NW
City-State-Zip: GRAND RAPIDS MI 49504

Title DIRECTOR
Name BARAN, RAYMOND J.
Address 445 SIXTH STREET, NW
City-State-Zip: GRAND RAPIDS MI 49504

Title DIRECTOR, PRESIDENT
Name BENEVENTO, MICHAEL J
Address 1150 NORTHBROOK DR.
SUITE 100
City-State-Zip: FEASTERVILLE PA 19053

Title VP, CFO
Name KRAMER, DOUGLAS A
Address 1150 NORTHBROOK DR.
SUITE 100
City-State-Zip: FEASTERVILLE PA 19053

Title SECRETARY
Name KRAMER, DOUGLAS A
Address 1150 NORTHBROOK DR.
SUITE 100
City-State-Zip: FEASTERVILLE PA 19053

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: LUANN TAIARIOL**ASSISTANT SECRETARY 04/24/2022**

Electronic Signature of Signing Officer/Director Detail

Date