2020 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

FILED May 13, 2020

Secretary of State

1952330777CC

Officer/Director Detail :

Title DIRECTOR Title **PRESIDENT**

BENEVENTO, MICHAEL J Name Name BENEVENTO, MICHAEL J

Address 1150 NORTHBROOK DR. Address 1150 NORTHBROOK DR. SUITE 100

SUITE 100

City-State-Zip: FEASTERVILLE PA 19053 City-State-Zip: FEASTERVILLE PA 19053

Title VP, CFO Title **TREASURER**

Name KRAMER, DOUGLAS A Name KRAMER, DOUGLAS A

1150 NORTHBROOK DR. 1150 NORTHBROOK DR. Address Address

SUITE 100 SUITE 100

FEASTERVILLE PA 19053 FEASTERVILLE PA 19053 City-State-Zip: City-State-Zip:

Title SECRETARY Title **DIRECTOR**

Name KRAMER, DOUGLAS A Name CALLAHAN, TIMOTHY M Address 445 SIXTH STREET, NW Address 1150 NORTHBROOK DR. SUITE 100 City-State-Zip: GRAND RAPIDS MI 49504

City-State-Zip:

Title DIRECTOR

Title ASSISTANT SECRETARY

Name BARAN, RAYMOND J. SPAIN, SHAWN Name Address 445 SIXTH STREET, NW

Address 445 SIXTH STREET, NW GRAND RAPIDS MI 49504 City-State-Zip:

City-State-Zip: GRAND RAPIDS MI 49504

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: SHAWN SPAIN 05/13/2020 ASSISTANT SECRETARY

Electronic Signature of Signing Officer/Director Detail

Date