## 2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F15000002713

Entity Name: MM PACKAGING US INC,

**Current Principal Place of Business:** 

**ROBIN MILLS** LEEDS ROAD

IDLE, BRADFORD BD10 9TE

**Current Mailing Address:** 

**ROBIN MILLS** LEEDS ROAD

IDLE, BRADFORD BD10 9TE GB

FEI Number: 51-0299429 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD 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: CHRISTOPHER EMMONS 04/15/2024

Electronic Signature of Registered Agent

Date

**FILED** Apr 15, 2024

**Secretary of State** 

6744113314CC

Officer/Director Detail:

**PRESIDENT** Title Title TREASURER/CFO FITZGERALD, JACOB Name Name FITZGERALD, JACOB

Address **ROBIN MILLS** Address **ROBIN MILLS** LEEDS ROAD

LEEDS ROAD

IDLE BRADFORD BD10 9TE IDLE BRADFORD BD10 9TE City-State-Zip: City-State-Zip:

Title **SECRETARY** Title **DIRECTOR** 

PATTNI, SAPNA FITZGERALD, JACOB Name Name

**ROBIN MILLS ROBIN MILLS** Address Address

LEEDS ROAD LEEDS ROAD

IDLE BRADFORD BD10 9TE IDLE BRADFORD BD10 9TE City-State-Zip: City-State-Zip:

Title Title VΡ **DIRECTOR** 

KOPPITZ, ANDREAS MILLAN, RAFAEL Name Name **ROBIN MILLS ROBIN MILLS** Address Address

> LEEDS ROAD LEEDS ROAD

IDLE BRADFORD BD10 9TE IDLE BRADFORD BD10 9TE City-State-Zip: City-State-Zip:

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.

04/15/2024 SIGNATURE: SAPNA PATTNI SECRETARY