

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2000 8:00 am
Secretary of State
 05-01-2000 90465 033 ***150.00

DOCUMENT # 821976

1. Entity Name
JEFFERSON SMURFIT CORPORATION (U.S.)

Principal Place of Business

Mailing Address

401 ALTON STREET
 ALTON IL 62002

401 ALTON STREET
 ALTON IL 62002-2437

00070001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Tax Department

Tax Department

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8182 Maryland Ave

8182 Maryland Ave

City & State

City & State

Saint Louis, Mo

Saint Louis, Mo

Zip

Country

63105

USA

Zip

Country

63105

USA

4. FEI Number

36-2659288

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**CT CORPORATION SYSTEM
 1200 S. PINE ISLAND ROAD
 PLANTATION FL 33324**

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCED	<input type="checkbox"/> Delete
NAME	CURRAN, RAY M	
STREET ADDRESS	150 N. MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	VPC	<input type="checkbox"/> Delete
NAME	KAUFMANN, PAUL K	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	HUNT, CRAIG A	
STREET ADDRESS	150 N. MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	AS	<input type="checkbox"/> Delete
NAME	ALLGOOD, JOHN F	
STREET ADDRESS	8192 MARYLAND AVE	
CITY-ST-ZIP	ST. LOUIS MO 63105	
TITLE	CFO	<input type="checkbox"/> Delete
NAME	MOORE, P J	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	T	<input type="checkbox"/> Delete
NAME	HINRICH, C.A.	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	ST LOUIS MO	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

CHARLES A. HINRICH
VICE PRESIDENT AND TREASURER

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)