

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 03, 2002 8:00 am
Secretary of State

06-03-2002 91189 011 ***550.00

DOCUMENT # 821976
1. Entity Name
JEFFERSON SMURFIT CORPORATION (U.S.)

Principal Place of Business **Mailing Address**
8182 MARYLAND AVE. **8182 MARYLAND AVE.**
SAINT LOUIS MO 63105 **SAINT LOUIS MO 63105**

B0123911



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 36-2659288		<input type="checkbox"/> Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				<input type="checkbox"/> Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				Name			
				Street Address (P.O. Box Number is Not Acceptable)			
				City		FL	

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) <input type="checkbox"/>		FILE NOW!!! FEE IS \$150.00 After May 1, 2002 Fee will be \$550.00 Make Check Payable to Department of State		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	PCED	<input checked="" type="checkbox"/> Delete		TITLE	AT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	CURRAN, RAY M			NAME	Richard P. Marra		
STREET ADDRESS	150 N. MICHIGAN AVE			STREET ADDRESS	8182 Maryland Ave		
CITY-ST-ZIP	CHICAGO IL 60601			CITY-ST-ZIP	St. Louis MO 63105		
TITLE	VPC	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	KAUFMANN, PAUL K			NAME			
STREET ADDRESS	8182 MARYLAND AVE			STREET ADDRESS			
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP			
TITLE	VPS	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HUNT, CRAIG A			NAME			
STREET ADDRESS	150 N. MICHIGAN AVE			STREET ADDRESS			
CITY-ST-ZIP	CHICAGO IL 60601			CITY-ST-ZIP			
TITLE	AS	<input checked="" type="checkbox"/> Delete		TITLE	AS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	ALLGOOD, JOHN F			NAME	Ronald J. Megna		
STREET ADDRESS	8192 MARYLAND AVE			STREET ADDRESS	150 N. Michigan Ave		
CITY-ST-ZIP	ST. LOUIS MO 63105			CITY-ST-ZIP	Chicago, IL 60601		
TITLE	CFO	<input type="checkbox"/> Delete		TITLE	PCFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MOORE, P J			NAME			
STREET ADDRESS	8182 MARYLAND AVE			STREET ADDRESS	St Louis, Mo 63105		
CITY-ST-ZIP	ST LOUIS MO			CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> Delete		TITLE	VPCFO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HINRICHS, C.A.			NAME			
STREET ADDRESS	8182 MARYLAND AVE			STREET ADDRESS	St. Louis MO 63105		
CITY-ST-ZIP	ST LOUIS MO			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 another like empowered.

SIGNATURE: *Paul K Kaufmann* **5/28/02** **314-781-1100**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)