

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 29, 2003 8:00 am**  
**Secretary of State**

04-29-2003 90045 030 \*\*\*150.00

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



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

Mailing Address  
**8182 MARYLAND AVE.  
SAINT LOUIS MO 63105**

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip



☒ CHECK HERE IF MAKING CHANGES

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**

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

**7. Name and Address of New Registered Agent**

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	AT	<input type="checkbox"/> Delete
NAME	MARRA, RICHARD P	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	SAINT LOUIS MO 63105	
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	MEGNA, RONALD J	
STREET ADDRESS	150 N MICHIGAN AVE	
CITY-ST-ZIP	CHICAGO IL 60601	
TITLE	PCEO	<input type="checkbox"/> Delete
NAME	MOORE, P J	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	SAINT LOUIS MO 63105	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	HINRICHS, C.A.	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	SAINT LOUIS MO 63105	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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
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
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Paul K. Kaufmann* **Paul K. Kaufmann** **4/25/2003** **314/746-1100**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)