

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 24, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # F00000001378

1. Entity Name  
RVL PACKAGING, INC.



Principal Place of Business  
31330 OAK CREST DRIVE  
WESTLAKE VILLAGE, CA 91361

Mailing Address  
31330 OAK CREST DRIVE  
WESTLAKE VILLAGE, CA 91361



01142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
95-3521016

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  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION, FL 33324

**DO NOT WRITE  
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U00000193298  
01/25/05-80055-002 150.00

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP SCHOONENBERG, ROBERT G 150 N ORANGE GROVE BLVD PASADENA, CA 91103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT RODRIGUEZ, KARYN 150 N ORANGE GROVE BLVD PASADENA, CA 91103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPS RANDALL, RICHARD 150 N ORANGE GROVE BLVD PASADENA, CA 91103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPC SKOVVAN, MICHAEL 150 N ORANGE GROVE BLVD PASADENA, CA 91103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #