

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F01000001289**1. Entity Name
PCL PACKAGING, INC.

Principal Place of Business

**2300 SPEER ROAD
OAKVILLE, ONTARIO
CANADA L6L 2X8**

Mailing Address

**2300 SPEER ROAD
OAKVILLE, ONTARIO
CANADA L6L 2X8**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

35-1788659

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

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 \$550.00**
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State10. 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 NAME	CEOC SWINMER, WILLIAM A	<input type="checkbox"/> Delete
STREET ADDRESS	2300 SPEERS ROAD, OAKVILLE, ONTARIO	
CITY-ST-ZIP	CANADA L6L 2X8	

TITLE NAME	CFOV HUSSEY, TOM R	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2300 SPEERS ROAD, OAKVILLE, ONTARIO	
CITY-ST-ZIP	CANADA L6L 2X8	

TITLE NAME	PCOO AAGAARD, A-KIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2300 SPEERS ROAD, OAKVILLE, ONTARIO	
CITY-ST-ZIP	CANADA L6L 2X8	

TITLE NAME	D BHALOO, AZIZ M	<input type="checkbox"/> Delete
STREET ADDRESS	2300 SPEERS ROAD, OAKVILLE, ONTARIO	
CITY-ST-ZIP	CANADA L6L 2X8	

TITLE NAME	D KASSAM, IQBAL	<input type="checkbox"/> Delete
STREET ADDRESS	2300 SPEERS ROAD, OAKVILLE, ONTARIO	
CITY-ST-ZIP	CANADA L6L 2X8	

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

TITLE NAME	135 Bayfield St Ste 101	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	Barrie, Ontario	
CITY-ST-ZIP	L4M 3B7	

TITLE NAME	Neil M. Gibson CFO & VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	135 Bayfield St, Ste 101	
CITY-ST-ZIP	Barrie, Ontario L4M 3B7	

TITLE NAME	President, US Division	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	Phil Murphree	
CITY-ST-ZIP	127 Apple Street Essex, Massachusetts, 01929	

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

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

TITLE NAME	Director and Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	R. Bruce Waite	
CITY-ST-ZIP	135 Bayfield St., Ste 101 Barrie, ON L4M 3B7	

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SIG. R. BRUCE WAITE, Secretary Sept 3/02 (705) 730-7646

Date

Daytime Phone #

CR2E034 (4/02)