FILED
Apr 29, 2003 8:00 am
Secretary of State
04-29-2003 90064 017 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F01000001289

1. Entity Name
PCL PACKAGING, INC.

Principal Place of Business	Mailing Address
2300 SPEER ROAD OAKVILLE, ONTARIO CANADA L6L 2X8,	2300 SPEER ROAD OAKVILLE, ONTARIO CANADA L6L 2X8,

2. Principal Place of Business	3. Mailing Address
135 Bayfield St	135 Bayfield St
Suite, Apt. #, etc. Suite 101	Suite, Apt. #, etc. Suite 101
City & State Barrie, ON	City & State Barrie, ON
Zip L4M 3B7	Zip L4M 3B7
Country Simcoe	Country Simcoe

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
35-1788659
☐ 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
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEOC SWINDMER, WILLIAM A 135 BAYFIELD STREET, STE 101 BARRIE, ON L4M 3B7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOV GIBSON, NEIL M 135 BAYFIELD STREET, STE 101 BARRIE, ON L4M 3B7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MURPHREE, PHIL 127 APPLE STREET ESSEX, MA 01929	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BHALOO, AZIZ M 2300 SPEERS ROAD, OAKVILLE, ONTARIO CANADA L6L 2X8,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KASSAM, IQBAL 2300 SPEERS ROAD, OAKVILLE, ONTARIO CANADA L6L 2X8,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS WAITE, R. BRUCE 135 BAYFIELD STREET, STE 101 BARRIE, ON L4M 3B7	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/02)

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 the address, with all other like empowered.

SIGNATURE: R. BRUCE WAITE Secretary 705 Apr 24/03 730-7646
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #