

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000354

FILED
Mar 16, 2007
Secretary of State

Entity Name: MEADWESTVACO CORPORATION

Current Principal Place of Business:

MEADWESTVACO CORPORATION
ONE HIGH RIDGE PARK
STAMFORD, CT 06905

New Principal Place of Business:

MEADWESTVACO CORPORATION
11030 WEST BROAD STREET
GLEN ALLEN, VA 23060

Current Mailing Address:

MEADWESTVACO CORPORATION
ONE HIGH RIDGE PARK
STAMFORD, CT 06905

New Mailing Address:

MEADWESTVACO CORPORATION
FIVE HIGH RIDGE PARK
STAMFORD, CT 06905

FEI Number: 31-1797999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: LUKE, JOHN A JR
Address: ONE HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: D () Delete
Name: MCCFORMACK, ROBERT C
Address: TRIDENT CAPITAL
City-St-Zip: LAKE FOREST, IL 60045

Title: D () Delete
Name: CAMPBELL, MICHAEL B
Address: 204 INDIAN WATERS DRIVE
City-St-Zip: NEW CANAAN, CT 06840

Title: D () Delete
Name: WARNER, JANE L
Address: 225 GUILFORD ROAD
City-St-Zip: BLOOMFIELD HILLS, MI 48304

Title: D () Delete
Name: KROL, JOHN A
Address: 26070 MANDEVILLA DRIVE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: D () Delete
Name: CAMPBELL, MICHAEL E
Address: 501 MERRITT 7
City-St-Zip: NORWALK, CT 06856

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN J. CARRARA

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03/16/2007

Electronic Signature of Signing Officer or Director

_____ Date