2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000354

Entity Name: MEADWESTVACO CORPORATION

FILED Jan 16, 2009 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:		
MEADWESTVACO CORPORATION 11030 WEST BROAD STREET GLEN ALLEN, VA 23060				MEADWESTVACO CORPORATION 11013 WEST BROAD STREET GLEN ALLEN, VA 23060		
Current Mailing Address:				New Mailing Address:		
MEADWESTVACO CORPORATION FIVE HIGH RIDGE PARK STAMFORD, CT 06905			MEADWESTVACO CORPORATION 299 PARK AVENUE NEW YORK, NY 10567			
FEI Number:	31-1797999	FEI Number Applied For ()	FEI Nun	nber Not Appli	cable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent: Name and Address of New Registered Agent:						
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US						
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:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D () C LUKE, JOHN A JF 11013 WEST BR GLEN ALLEN, VA	OAD STREET		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	D () E MCCFORMACK, TRIDENT CAPITA LAKE FOREST, II	AL.		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () C CAMPBELL, MICI 204 INDIAN WAT NEW CANAAN, C	ERS DRIVE		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () C WARNER, JANE 225 GUILFORD F BLOOMFIELD HII	ROAD		Title: Name: Address: City-St-Zip:	() Change ()Addition
Title: Name: Address: City-St-Zip:	D () E KROL, JOHN A 26070 MANDEVIL BONITA SPRINGS			Title: Name: Address: City-St-Zip:	KELSON, RICH	/ENUE, APT 11A NORTH
Title: Name: Address: City-St-Zip:	D () E COLE, THOMAS V 4825 REGENCY ATLANTA, GA 30	TRACE SW		Title: Name: Address: City-St-Zip:	() Change ()Addition

I hereby certify that the information supplied with this filing does not qualify 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 A SE 01/16/2009