

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # F02000001172

1. Entity Name
SOVEREIGN PACKAGING GROUP, INC.



Principal Place of Business

225 WEST WASHINGTON STREET
CHICAGO, IL 60606

Mailing Address

225 WEST WASHINGTON STREET
CHICAGO, IL 60606

FILED
Mar 01, 2004 08:00 AM
Secretary of State



02042004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 16-0951610	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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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 _____ DATE _____
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	CD
NAME	WELLS, NORMAN E JR.
STREET ADDRESS	225 WEST WASHINGTON STREET
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VT
NAME	SMITH, TERRY
STREET ADDRESS	225 WEST WASHINGTON STREET
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	V
NAME	JOHNSTON, RICHARD W
STREET ADDRESS	225 WEST WASHINGTON STREET
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VAS
NAME	PAGE, LOUIS M
STREET ADDRESS	225 WEST WASHINGTON STREET
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VAS
NAME	STANTON, PATRICK W
STREET ADDRESS	225 WEST WASHINGTON STREET
CITY-ST-ZIP	CHICAGO, IL 60606
TITLE	VAS
NAME	SALICE, THOMAS P
STREET ADDRESS	65 EAST 55TH STREET
CITY-ST-ZIP	NEW YORK, NY 10022

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03/01/04-80102-008 150.00

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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: Patrick W Stanton 2/10/04 3122237981
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #