

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000002673

FILED
Jun 26, 2009
Secretary of State

Entity Name: ROCK-TENN SERVICES INC.

Current Principal Place of Business:

504 THRASHER STREET
NORCROSS, GA 30071

New Principal Place of Business:

Current Mailing Address:

504 THRASHER STREET
NORCROSS, GA 30071

New Mailing Address:

FEI Number: 32-0116528

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, STE. 4
WESTON, FL 33331 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CEO () Delete
Name: RUBRIGHT, JAMES
Address: 504 THRASHER STREET
City-St-Zip: NORCROSS, GA 30071

Title: EVPD () Delete
Name: VOORHEES, STEVEN
Address: 504 THRASHER STREET
City-St-Zip: NORCROSS, GA 30071

Title: SVPS () Delete
Name: MCINTOSH, ROBERT B
Address: 504 THRASHER STREET
City-St-Zip: NORCROSS, GA 30071

Title: AT (X) Delete
Name: LEETE, ELIZABETH
Address: 504 THRASHER STREET
City-St-Zip: NORCROSS, GA 30071

Title: VPT () Delete
Name: STAKEL, JOHN D
Address: 504 THRASHER STREET
City-St-Zip: NORCROSS, GA 30071

Title: AS () Delete
Name: CURRIE, ROBERT
Address: 504 THRASHER STREET
City-St-Zip: NORCROSS, GA 30071

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:

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

Title: () Change () Addition
Name:
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 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 STAKEL

VPT

06/26/2009

Electronic Signature of Signing Officer or Director

Date