

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000004084

FILED
Jan 14, 2009
Secretary of State

Entity Name: BRAMBLES NORTH AMERICA INCORPORATED

Current Principal Place of Business:

180 TECHNOLOGY PARKWAY
ROOM 600
NORCROSS, GA 30092

New Principal Place of Business:

Current Mailing Address:

180 TECHNOLOGY PARKWAY
ROOM 600
NORCROSS, GA 30092

New Mailing Address:

FEI Number: 13-3100503 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: DP () Delete
Name: SCHMIDT, MELISSA L
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: DVST () Delete
Name: SMITH, SCOTT L
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: D () Delete
Name: DUSKIN, T. DOUGLAS
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: D () Delete
Name: JUDD, JASPER
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: AS () Delete
Name: MORDLER, JASON
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

Title: AS () Delete
Name: HANLEY, KERRIE K
Address: 3737 GLENWOOD AVENUE, SUITE 400
City-St-Zip: RALEIGH, NC 27612

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: D (X) Change () Addition
Name: GIBSON, PATRICK
Address: 180 TECHNOLOGY PARKWAY, ROOM 600
City-St-Zip: NORCROSS, GA 30092 US

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: KERRIE K. HANLEY

AS

01/14/2009

Electronic Signature of Signing Officer or Director

Date