2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2012
Secretary of State

DOCUMENT# F05000006131

Entity Name: SCHOLLE PACKAGING, INC.

Current Principal Place of Business:

19520 JAMBOREE ROAD, SUITE 250
IRVINE, CA 92612

New Principal Place of Business:

19520 JAMBOREE ROAD, SUITE 250
IRVINE, CA 92612 US

Current Mailing Address:

19520 JAMBOREE ROAD, SUITE 250
IRVINE, CA 92612

New Mailing Address:

200 W. NORTH AVE.
NORTHLAKE, IL 60164 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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

OFFICERS AND DIRECTORS:

Title: PRES
Name: GIANNESCHI, LEON PRES
Address: 19520 JAMBOREE ROAD, SUITE 250
City-St-Zip: IRVINE, CA 92612 US

Title: SEC
Name: BELL, MARTIN D SEC
Address: 19520 JAMBOREE ROAD, SUITE 250
City-St-Zip: IRVINE, CA 92612 US

Title: TRES
Name: SAMSON, JAMES R TRES
Address: 19520 JAMBOREE ROAD, SUITE 250
City-St-Zip: IRVINE, CA 92612 US

Title: DIR
Name: SCHOLLE, WILLIAM J DIR
Address: 19520 JAMBOREE ROAD, SUITE 250
City-St-Zip: IRVINE, CA 92612 US

I hereby 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 all other like empowered.

SIGNATURE: RUSSELL KOPP POA 03/31/2012

Electronic Signature of Signing Officer or Director Date