FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -3 AM 9:09

DOCUMENT # **F94000000538 (8)**

1. Corporation Name
OLD DOMINION BOX COMPANY, INC.

Principal Place of Business	Mailing Address
P.O. BOX 660 LYNCHBURG VA 24505	P.O. BOX 680 LYNCHBURG VA 24505

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/04/1994
3a. Date of Last Report:

2. Principal Place of Business (21):
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23):
City & State (28):
Zip (24):
Country (25):
Zip (29):
Country (30):

4. FEI Number: 54-0324790 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SHELLABARGER, DONALD E
8806 VENTURE COVE
TEMPLE TERRACE FL 33637

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	Chairman & Director	☐ Change ☒ Addition
NAME	BUHLER, MICHAEL O	1.2 NAME	Frank H. Buhler	
STREET ADDRESS	5058 BOONSBORO RD.	1.3 STREET ADDRESS	3124 Sedgewick Dr.	
CITY-ST-ZIP	LYNCHBURG VA 24503	1.4 CITY-ST-ZIP	Lynchburg, VA 24503	
TITLE	VD	2.1 TITLE	VP Folding Division	☐ Change ☒ Addition
NAME	BUHLER, JEANNE O	2.2 NAME	James D. Armentrout	
STREET ADDRESS	3124 SEDGEWICK DR.	2.3 STREET ADDRESS	3889 Peakland Place	
CITY-ST-ZIP	LYNCHBURG VA 24503	2.4 CITY-ST-ZIP	Lynchburg, VA 24503	
TITLE	STD	3.1 TITLE		☐ Change ☐ Addition
NAME	FRANCIS, R. LEWIS	3.2 NAME		
STREET ADDRESS	RT. 1, BOX 31	3.3 STREET ADDRESS		
CITY-ST-ZIP	GLADYS VA 24554	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE	Controller(Not a Dir.)	☒ Change ☐ Addition
NAME	LANKFORD, T. WAYNE	4.2 NAME		
STREET ADDRESS	13 LAKESIDE DR.	4.3 STREET ADDRESS		
CITY-ST-ZIP	LYNCHBURG VA 24504	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE	Assistant Controller	☐ Change ☒ Addition
NAME	BALDWIN, BERNARD C III	5.2 NAME	Thomas C. Nash	
STREET ADDRESS	408 TRENTS FERRY RD.	5.3 STREET ADDRESS	3307 Woodridge Pl.	
CITY-ST-ZIP	LYNCHBURG VA 24503	5.4 CITY-ST-ZIP	Lynchburg, VA 24503	
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: R. LEWIS FRANCIS, VP Adm. & Sec.-Treas. 1-30-95 (804) 929-6701
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

D480006 - FN