2012 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2012
Secretary of State

DOCUMENT# F94000001133

Entity Name: MILLIKEN PACKAGING CORPORATION

Current Principal Place of Business:

920 MILLIKEN ROAD
M-416
SPARTANBURG, SC 29303

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1926, M-416
SPARTANBURG, SC 29304

New Mailing Address:

FEI Number: 57-0988687 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
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: PD
Name: SALLEY, JOSEPH DR.
Address: 920 MILLIKEN RD.
City-St-Zip: SPARTANBURG, SC 29303 US

Title: ST
Name: CLEMENTS, DEBRA L
Address: 920 MILLIKEN RD.
City-St-Zip: SPARTANBURG, SC 29303 US

Title: D
Name: MCNULTY, JAMES J
Address: 101 POPLAR HILL LANE
City-St-Zip: GREENVILLE, SC 29615 US

Title: VPD
Name: REKERS, JOHN W DR.
Address: 920 MILLIKEN ROAD
City-St-Zip: SPARTANBURG, SC 29303 US

Title: T
Name: ALLEN, MARK H
Address: 920 MILLIKEN RD.
City-St-Zip: SPARTANBURG, SC 29303 US

Title: VPD
Name: RICHESON, JAMES R
Address: 920 MILLIKEN RD
City-St-Zip: SPARTANBURG, SC 29303 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: JAMES R. RICHESON VPD 04/10/2012

Electronic Signature of Signing Officer or Director — Date