2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # F94000002897

1. Entity Name
RIVERWOOD INTERNATIONAL MACHINERY, INC.

Principal Place of Business	Mailing Address
814 LIVINGSTON CT. MARIETTA, GA 30067 US	814 LIVINGSTON CT. MARIETTA, GA 30067 US

04072006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
58-2111645
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE, FL 32301

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8. 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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUMPHREY, STEPHEN M
STREET ADDRESS	814 LIVINGSTON CT.
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	SVPD
NAME	BALDWIN, JOHN T
STREET ADDRESS	814 LIVINGSTON CT.
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	VT
NAME	WENHOLD, W. SCOTT
STREET ADDRESS	814 LIVINGSTON CT.
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	SVPD
NAME	DAMPIER, LAWRENCE C
STREET ADDRESS	814 LIVINGSTON CT.
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	SVP
NAME	HELLRUNG, STEPHEN A
STREET ADDRESS	814 LIVINGSTON CT SE
CITY-ST-ZIP	MARIETTA, GA 300678940
TITLE	AS
NAME	ALEXANDER, ROSEANN M
STREET ADDRESS	814 LIVINGSTON CT SE
CITY-ST-ZIP	MARIETTA, GA 30067

U00000512732
04/29/06-80095-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 4/10/06 770-644-3062
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #