


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 05, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F94000005864</b>	
1. Entity Name GREEN BAY PACKAGING INC.	

Principal Place of Business 1700 NORTH WEBSTER COURT GREEN BAY, WI 54302	Mailing Address 1700 NORTH WEBSTER COURT GREEN BAY, WI 54302
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**DO NOT WRITE IN THIS SPACE**



02242004 No Chg-P CR2E034 (10/03)

4. FEI Number 39-0783183	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KRESS, JAMES F 1700 NORTH WEBSTER COURT GREEN BAY, WI 54302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KRESS, WILLIAM F 1700 NORTH WEBSTER COURT GREEN BAY, WI 54302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BAEMMERT, JOSEPH M 1700 NORTH WEBSTER COURT GREEN BAY, WI 54302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROPER, WAYNE J 735 NORTH WATER STREET, SUITE 1000 MILWAUKEE, WI 53202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SWANSON, MARILYN K 1700 NORTH WEBSTER COURT GREEN BAY, WI 54302
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORRISON, KENNETH MORRISON ENTERPRISES HASTINGS, NE

000000077323  
03/05/04-80033-016 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: <u>Joseph M. Baermann</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date: <u>2-10-04</u>	Daytime Phone #: <u>930-433-5149</u>
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