## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # F96000001996

1. Entity Name

## SEABOARD FOLDING BOX CORPORATION

Principal Place of Business

Mailing Address

35 DANIELS ST.
FITCHBURG MA 01420-7600

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

35 DANIELS ST.
FITCHBURG MA 01420-7606

36 Mailing Address

Suite, Apt. #, etc.

## FILED Mar 14, 2000 8:00 am Secretary of State

03-14-2000 90028 050 \*\*\*150.00



Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.							
					_	DO NOT WRITE IN THIS SPACE			
City & State	9	City & State			4. FEI Number 04-3311365			Applied For Not Applicable	
Zip	Country	Zip		Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current F	Registered Agent			7.	Name and Address of New Register	ed Agent		
	<del></del> -		ļ	Name					
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				Street Address (P.O. Box Number is Not Acceptable)					
				City			Zip C	ode	
3. The above	named entity submits this statement for	the purpose of changing its	registered	office or registe	ered ag	ent, or both, in the State of Florida.			
Signature _									
	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOT	E: Registered A	Agent signature require	ed when r	einstating) DAT	E		
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)  FILE NOW!!! After MAY 1, 2000 Make Check Payable			000 Fee w	ill be \$550.00		10. Election Campaign Financing Trust Fund Contribution.		.00 May Be ded to Fees	
11.	OFFICERS AND I	DIRECTORS	12.		ΑE	DDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	ORS IN 11	
TITLE NAME STREET ADORESS CITY-ST-ZIP	SCEO Delete QUINN, THOMAS H 1751 LAKE COOK ROAD, STE. 550 DEERFIELD IL 60015		TITLE NAME STREET CITY-S	ADDRESS 35	☐ Chang	e 💽 Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RABINOW, ALLEN 35 DANIELS ST FITCHBURG MA 01420-7600	☐ Delete	TITLE NAME STREET CITY-S	T Ri	chai	rd Mattson niels St. Durg, MA 01420	☐ Chang	e 🙀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CVAS SPIELBERGER, THOMAS C 1751 LAKE COOK RD., STE. 550 DEERFIELD IL 60015	•		AS St	AS ☐ Change ☑ Addition Steven L. Rist 4520 Main St., Suite 1100 ☐ Kansas City, MO 64111				
NAME STREET ADDRESS CITY-ST-ZIP	AS FISHER, G. ROBERT 1200 MAIN, STE. 3500 KANSAS CITY MO 64105	□ Delete		ADDRESS 45	AS Change Addition G. Robert Fisher 4520 Main Street, Suite 1100 Kansas City, MO 64111			e 🗋 Addition	
NAME STREET ADDRESS CITY-ST-ZIP	AS  VAN DYKE, MICHAEL J 1675 BROADWAY, STE 1600 NEW YORK NY 10019		TITLE NAME STREET CITY-S	AS ADDRESS T-Zip AS 16	mes 75 I	B. Carlson Broadway, Suite 1600	☐ Chang	e 🙀 Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS NELSON, GORDON L 1751 LAKE COOK RD, STE 550 DEERFIELD IL 60015	☐ Delete	TITLE NAME STREET CITY-S	ADORESS	<del>w Y</del> (	Ork, NY 10019	☐ Chang	e Addition	

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 at trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Steven L. Rist, Assistant Secretary

Daytime Phone #

816-932-4400