

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90112 015 ***150.00

DOCUMENT # F96000001996

1. Entity Name

SEABOARD FOLDING BOX CORPORATION

Principal Place of Business

**35 DANIELS ST.
 FITCHBURG MA 01420-7600**

Mailing Address

**35 DANIELS ST.
 FITCHBURG MA 01420-7600**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

04-3311365

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☒

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **SCEO**
 STREET ADDRESS **QUINN, THOMAS H**
 CITY-ST-ZIP **1751 LAKE COOK ROAD, STE. 550
 DEERFIELD IL 60015** ☐ Delete

TITLE
 NAME **AS**
 STREET ADDRESS **Steven L. Rist**
 CITY-ST-ZIP **4520 Main Street, Suite 1100
 Kansas City, MO 64111** ☐ Change ☒ Addition

TITLE
 NAME **P**
 STREET ADDRESS **RABINOW, ALLEN**
 CITY-ST-ZIP **35 DANIELS ST
 FITCHBURG MA 01420-7600** ☐ Delete

TITLE
 NAME **T**
 STREET ADDRESS **Richard J. Mattson**
 CITY-ST-ZIP **35 Daniels St.
 Fitchburg, MA 01420-7600** ☐ Change ☒ Addition

TITLE
 NAME **CVAS**
 STREET ADDRESS **SPIELBERGER, THOMAS C**
 CITY-ST-ZIP **1751 LAKE COOK RD., STE. 550
 DEERFIELD IL 60015** ☐ Delete

TITLE
 NAME **AS**
 STREET ADDRESS **James B. Carlson**
 CITY-ST-ZIP **1675 Broadway, Suite 1600
 New York, NY 10019** ☐ Change ☒ Addition

TITLE
 NAME **AS**
 STREET ADDRESS **FISHER, G. ROBERT**
 CITY-ST-ZIP **4520 MAIN ST STE 1100
 KANSAS CITY MO 64111** ☐ Delete

TITLE
 NAME **D**
 STREET ADDRESS **John W. Jordan II**
 CITY-ST-ZIP **875 N. Michigan Avenue, Suite 4020
 Chicago, IL 60611** ☐ Change ☒ Addition

TITLE
 NAME **V**
 STREET ADDRESS **RABINOW, DORA**
 CITY-ST-ZIP **35 DANIELS ST
 FITCHBURG MA 01420** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
 NAME **VAS**
 STREET ADDRESS **NELSON, GORDON L**
 CITY-ST-ZIP **1751 LAKE COOK RD, STE 550
 DEERFIELD IL 60015** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Change ☐ 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 or 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 REQUIRED

816-460-2645

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)