2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002343

1. *Entity Name*
PACTIV PROTECTIVE PACKAGING INC.

Principal Place of Business	Mailing Address
1900 W FIELD COURT LAKE FOREST, IL 60045 US	1900 W FIELD COURT LAKE FOREST, IL 60045 US

01282004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
76-0533954
☐ 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

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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, 2004 Fee will be $550.00

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

U00000032119
02/04/04-80176-019 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MORRIS, JAMES D
STREET ADDRESS	309 ROTHBURY CT
CITY-ST-ZIP	LAKE BLUFF, IL 60044
TITLE	VT
NAME	BRUSH, DAVID P
STREET ADDRESS	18449 W. MEANDER DR
CITY-ST-ZIP	GRAYSLAKE, IL 60030
TITLE	DVS
NAME	FAULKNER,JR, JAMES V
STREET ADDRESS	110 ABINGDON AVE
CITY-ST-ZIP	KENILWORTH, IL 60043
TITLE	DV
NAME	HINETT, KENNETH
STREET ADDRESS	10 CAMBRIC AVE
CITY-ST-ZIP	PITTSFORD, NY 14534
TITLE	TDAS
NAME	COCO, CYNTHIA
STREET ADDRESS	265 TALLLY HO DR
CITY-ST-ZIP	VERNON HILLS, IL 60061
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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)(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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ CYNTHIA L. COCO 1/28/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #