

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F97000002343

FILED
Apr 28, 2005
Secretary of State

Entity Name: PACTIV PROTECTIVE PACKAGING INC.

Current Principal Place of Business:

1900 W FIELD COURT
LAKE FOREST, IL 60045 US

New Principal Place of Business:

Current Mailing Address:

1900 W FIELD COURT
LAKE FOREST, IL 60045 US

New Mailing Address:

FEI Number: 76-0533954 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MORRIS, JAMES D
Address: 309 ROTHBURY CT
City-St-Zip: LAKE BLUFF, IL 60044

Title: VT () Delete
Name: BRUSH, DAVID P
Address: 18449 W. MEANDER DR
City-St-Zip: GRAYSLAKE, IL 60030

Title: DVS () Delete
Name: FAULKNER, JR, JAMES V
Address: 110 ABINGDON AVE
City-St-Zip: KENILWORTH, IL 60043

Title: DV () Delete
Name: HINETT, KENNETH
Address: 10 CAMBRIC AVE
City-St-Zip: PITTSFORD, NY 14534

Title: TDAS () Delete
Name: COCO, CYNTHIA
Address: 265 TALLLY HO DR
City-St-Zip: VERNON HILLS, IL 60061

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VT (X) Change () Addition
Name: BRUSH, DAVID P
Address: 1043 MC GLINNIN CT
City-St-Zip: LAKE FOREST, IL 60045

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. COCO

TDAS

04/28/2005

Electronic Signature of Signing Officer or Director

_____ Date