

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

04-10-2002 90447 042 ***150.00

0613994 AT

DOCUMENT # F97000005010

1. Entity Name

~~HUNTSMAN PACKAGING CORPORATION~~

Pliant Corporation

Principal Place of Business

2755 E COTTONWOOD PARKWAY
 STE 400
 SALT LAKE CITY UT 84121

Mailing Address

2755 E COTTONWOOD PARKWAY
 STE 400
 SALT LAKE CITY UT 84121

80064260

2. Principal Place of Business

1515 Woodfield Rd.

3. Mailing Address

1515 Woodfield Rd.

Suite, Apt. #, etc.

STE 600

Suite, Apt. #, etc.

STE 600

City & State

Schaumburg, IL

City & State

Schaumburg, IL

4. FEI Number

87-0496065

Applied For

Not Applicable

Zip

60173

Country

Zip

60173

Country

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

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HUNTSMAN, JON M	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DURHAM, CHRISTENA H.	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	EVP	<input type="checkbox"/> Delete
NAME	KNOTT, JACK E.	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	EVP	<input checked="" type="checkbox"/> Delete
NAME	SOERENSON, SCOTT K.	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	SVS	<input checked="" type="checkbox"/> Delete
NAME	MOFFITT, RONALD G	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	
TITLE	DP	<input type="checkbox"/> Delete
NAME	DURHAM, RICHARD P	
STREET ADDRESS	500 HUNTSMAN WAY	
CITY-ST-ZIP	SALT LAKE CITY UT 84108	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kurt Ogden	
STREET ADDRESS	1515 Woodfield Rd. STE 600	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	EVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Brian Johnson	
STREET ADDRESS	1515 Woodfield Rd. STE 600	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larry Shepler	
STREET ADDRESS	1515 Woodfield Rd. STE 600	
CITY-ST-ZIP	Schaumburg, IL 60173	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Larry E. Shepler
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/01)