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PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

J	DRPORATION NSTATEMENT	FLORIDA DEPARTMENT OF STATE Katherine Hams Secretary of State DIVISION OF CORPORATIONS	FILED 03 MAR - 5 AM 9: 48
DOCU 1. corpo	JMENT# F9900000 protion Name SHOREWOOD P	SECRETARY OF STATE TALLAHASSEE. FLORIDA 400013908854 03/11/0301018010 **8.75	
2. Princip 277 Suite, Apt	PARK AUTINE #. etc.	3. Mailing Office Address 277 PARK AUGNUE Suite, Apt. #, etc.	4. Date Incorporated or Qualified
City & Stat	N V Obuntry	City & State NY Zip Codintry 10172 USA	To Do Business in Florida 3. 12. 194. 9 5. FET Number 1 274. 273. Applied For Not Applied be 6. CERTIFICATE OF STATUS DESIRED \$3.75 Admitional Five required for a Certificate of Status
	7. Name and Address of Current Registered Agent Name CT Corporation System 400013908954 Street Address (P.O. Box Number is Not Acceptable) 1200 S. Vine Island Read Suite, Apt. # Etc.		
8. i, being Signature of Registered Ag	ceni Kolu Lee	named corporation, am familiar with and accept the oblig Robom Lockers Associated to Secretary	2/4/200
9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)			
Titles	Name of Officers and/or Directors	or Director (Friends nonprolit corporations must list at least Street Address of Each Officer and/or Director	(3 directors) SEE ATTACHED GIT / State / Zip
	Sec Attached		City / State / Exp
			A
10. Learlify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 61 T, F.S. I further cartify" that when filing this reinstaltement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607,0401 or 617,0401, F.S., that all fees on this application have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(1), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. SIGNATURE: SIGNATURE: SIGNATURE SIGNATURE Only PRINTED NAME OF BRINTED NAME OF BRINING OFFICER OR DIRECTOR Date Only 1801 C T System Online			

Address for all Directors Polow.

Shorewood Packaging Corporation 277 Park Avenue NY NY 10172

Directors

Tobin J. Treichel, Stamford Tom Gestrich, Memphis Sharon R. Ryan, Memphis

Number required by law: Number required by articles/bylaws:

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Officers

Marc P. Shore, President Howard M. Liebman, Executive Vice President Fred Prinzen, Senior Vice President, Manufacturing Eric Kaltman, Executive Vice President Dennis Kaltman, Senior Vice President Bruce Summerlin, Senior Vice President, Human Resources Kenneth M. Rosenblum, Senior Vice President, Sales Richard O'Leary, Senior Vice President Finance Sharon R. Ryan, Vice President, General Counsel & Secretary Barbara L. Smithers, Vice President and Assistant Secretary Thomas A. Kliman, Vice President and Treasurer James W. Martin, Vice President and Assistant Treasurer Michele T. Scott, Assistant Treasurer John Finnegan, Assistant Treasurer Elizabeth M. Cervoni, Assistant Secretary Paula S. Bauer, Assistant Secretary Carol M. Samalin, Assistant Secretary