

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 01, 2005 8:00 am**  
**Secretary of State**

04-01-2005 90020 022 \*\*\*150.00

**DOCUMENT # F99000002544**  
 1. Entity Name  
 SCA PACKAGING NORTH AMERICA, INC.



Principal Place of Business: 800 FIFTH AVE. NEW BRIGHTON, PA 15066  
 Mailing Address: 500 BALDWIN TOWER EDDYSTONE, PA 19022

**50033028**



2. Principal Place of Business: Suite, Apt. #, etc.  
 3. Mailing Address: Suite, Apt. #, etc.

03142005 Chg-P CR2E034 (10/03)

City & State

4. FEI Number: 25-1119372  
 Applied For: Not Applicable

Zip: Country

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: D  Delete  
 NAME: O'LEARY, JOHN P JR  
 STREET ADDRESS: NINE DAVIDSON DRIVE  
 CITY-ST-ZIP: BEAVER FALLS, PA 15010

TITLE: DIRECTOR  Change  Addition  
 NAME: MICHAEL BERTORP  
 STREET ADDRESS: 500 BALDWIN TOWER  
 CITY-ST-ZIP: EDDYSTONE, PA. 19022

TITLE: PCEO  Delete  
 NAME: O'LEARY, DAVID C  
 STREET ADDRESS: 360 RIVER ROAD  
 CITY-ST-ZIP: BEAVER, PA 15010

TITLE: PRESIDENT, CEO  Change  Addition  
 NAME: RON LEACH  
 STREET ADDRESS: 800 FIFTH AVENUE  
 CITY-ST-ZIP: NEW BRIGHTON, PA. 15066

TITLE: CFOS  Delete  
 NAME: SHUTE, TRENT  
 STREET ADDRESS: 800 FIFTH AVE.  
 CITY-ST-ZIP: NEW BRIGHTON, PA 15066

TITLE:  Change  Addition

TITLE: PCEO  Delete  
 NAME: O'LEARY, DAVID  
 STREET ADDRESS: 800 FIFTH AVENUE  
 CITY-ST-ZIP: NEW BRIGHTON, PA 15066

TITLE:  Change  Addition

TITLE: S  Delete  
 NAME: GORMAN, KEVIN S  
 STREET ADDRESS: 101 MAPLE AVENUE  
 CITY-ST-ZIP: WYNCOTE, PA 19095

TITLE:  Change  Addition

TITLE: AS  Delete  
 NAME: PIECHOWSKI, RICHARD V  
 STREET ADDRESS: 404 MONTCRAY LANE  
 CITY-ST-ZIP: WEST CHESTER, PA 19380

TITLE: DIRECTOR  Change  Addition  
 NAME: JEFFREY SCOTT  
 STREET ADDRESS: 500 BALDWIN TOWER  
 CITY-ST-ZIP: EDDYSTONE, PA. 19022

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: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary *Mark 21, 2005* 610 499 3700  
 Date Daytime Phone #