

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000019

FILED
Apr 11, 2005
Secretary of State

Entity Name: MEADWESTVACO PACKAGING SYSTEMS, LLC

Current Principal Place of Business:

ONE HIGH RIDGE PARK
STAMFORD, CT 069051322

New Principal Place of Business:

Current Mailing Address:

COURTHOUSE PLAZA N.E.
LAW DEPT. - 26TH FLOOR
DAYTON, OH 45463

New Mailing Address:

FEI Number: 11-3666259 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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BUZZARD, JAMES A
Address: ONE HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: MGR () Delete
Name: LUKE, JOHN A JR
Address: ONE HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGR () Change (X) Addition
Name: WENDELL, WILLKIE L II
Address: ONE HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JAMES A. BUZZARD

MGR

04/11/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date