

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0300000019

FILED
May 01, 2008
Secretary of State

Entity Name: MEADWESTVACO PACKAGING SYSTEMS, LLC

Current Principal Place of Business:

11030 WEST BROAD STREET
GLEN ALLEN, VA 23060

New Principal Place of Business:

Current Mailing Address:

FIVE HIGH RIDGE PARK
STAMFORD, CT 06905

New Mailing Address:

FEI Number: 11-3666259 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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/MANAGERS:

Title: MGR () Delete
Name: BUZZARD, JAMES A
Address: 11030 WEST BROAD STREET
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR () Delete
Name: LUKE, JOHN A JR
Address: 11030 WEST BROAD STREET
City-St-Zip: GLEN ALLEN, VA 23060

Title: MGR () Delete
Name: WENDELL, WILLKIE L II
Address: FIVE HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

Title: MGR () Delete
Name: CARRARA, JOHN J
Address: FIVE HIGH RIDGE PARK
City-St-Zip: STAMFORD, CT 06905

ADDITIONS/CHANGES:

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

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 exemption stated in Chapter 119, 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: JOHN J. CARRARA

MGR

05/01/2008

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