2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2009
Secretary of State

DOCUMENT# M04000004790

Entity Name: GREIF PACKAGING LLC

Current Principal Place of Business:

425 WINTER ROAD
DELAWARE, OH 43015

New Principal Place of Business:

425 WINTER ROAD
ATTN: TAX DEPT
DELAWARE, OH 43015

Current Mailing Address:

425 WINTER ROAD
ATTN: TAX DEPT
DELAWARE, OH 43015

New Mailing Address:

425 WINTER ROAD
ATTN: TAX DEPT
DELAWARE, OH 43015

FEI Number: 36-3268123 **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/MANAGERS:

Title:	MGRM	( ) Delete
Name:	GREIF, INC.,	
Address:	425 WINTER ROAD	
City-St-Zip:	DELAWARE, OH 43015	
Title:	CEO	( ) Delete
Name:	GASSER, MICHAEL J	
Address:	425 WINTER ROAD	
City-St-Zip:	DELAWARE, OH 43015	
Title:	PRES	( ) Delete
Name:	FISCHER, DAVID B	
Address:	425 WINTER ROAD	
City-St-Zip:	DELAWARE, OH 43015	
Title:	VP	( ) Delete
Name:	HUML, DONALD S	
Address:	425 WINTER ROAD	
City-St-Zip:	DELAWARE, OH 43015	
Title:	VP	( ) Delete
Name:	DIEKER, JOHN K	
Address:	425 WINTER ROAD	
City-St-Zip:	DELAWARE, OH 43015	
Title:	SEC	( ) Delete
Name:	MARTZ, GARY R	
Address:	425 WINTER ROAD	
City-St-Zip:	DELAWARE, OH 43015	

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:	
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 K. DIEKER VP 04/01/2009

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