

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2002 8:00 am
Secretary of State

08-13-2002 90222 012 ***550.00

DOCUMENT # P01466

1. Entity Name
PACTIV CORPORATION

Principal Place of Business

1900 W FIELD CT
 LAKE FOREST IL 60045
 US

Mailing Address

ATTN: ~~PAT THOMPSON~~ **DOUG SCHIMPF**
 1900 WEST FIELD COURT
 LAKE FOREST IL 60045
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **36-2552989**

Applied For

Not Applicable

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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 19801

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 13, 2002 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **DP** ☐ Delete
 NAME **WAMBOLD, RICHARD L**
 STREET ADDRESS **533 PINE LANE**
 CITY-ST-ZIP **LAKE FOREST IL 60045**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **DVPS** ☐ Delete
 NAME **FAULKNER, JAMES V JR**
 STREET ADDRESS **110 ABINGDON AVENUE**
 CITY-ST-ZIP **KENILWORTH IL 60043**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VPCF** ☐ Delete
 NAME **CAMPBELL, ANDREW A**
 STREET ADDRESS **14 POLO DRIVE**
 CITY-ST-ZIP **BARRINGTON IL 60010**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **AS** ☐ Delete
 NAME **THOMPSON, PATRICIA A**
 STREET ADDRESS **34145 N SULKY DRIVE**
 CITY-ST-ZIP **GRAYSLAKE IL 60030**

TITLE **AS** ☒ Change ☐ Addition
 NAME **COCO, CYNTHIA**
 STREET ADDRESS **265 TALLY HO DRIVE**
 CITY-ST-ZIP **VERNON HILLS, IL 60061**

TITLE **VPS** ☐ Delete
 NAME **BARBOSA, RAYMOND**
 STREET ADDRESS **120 FRANCISCO TERRACE**
 CITY-ST-ZIP **OAK PARK IL 60031**

TITLE **VPS** ☒ Change ☐ Addition
 NAME **DAVID P. BRUSH**
 STREET ADDRESS **18449 MEANDER DRIVE**
 CITY-ST-ZIP **GRAYSLAKE, IL 60030**

TITLE **VPT** ☐ Delete
 NAME **WALTERS, EDWARD T**
 STREET ADDRESS **14660 S SOMERSET CIRCLE**
 CITY-ST-ZIP **GREEN OAKS IL 60048**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Aug 8, 2002 **847-482-3611**
 Date Daytime Phone #

CR2E034 (4/02)

