
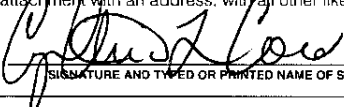


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90005 006 \*\*\*150.00

<b>DOCUMENT # P01466</b> 1. Entity Name <b>PACTIV CORPORATION</b>					
Principal Place of Business <b>1900 W FIELD CT</b> <b>LAKE FOREST, IL 60045 US</b>			Mailing Address <b>ATTN: DOUG SCHIMPF</b> <b>1900 WEST FIELD COURT</b> <b>LAKE FOREST, IL 60045 US</b>		
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 <b>36-2552989</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>CT CORPORATION SYSTEM</b> <b>1200 S. PINE ISLAND ROAD</b> <b>PLANTATION, FL 19801</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAMBOLD, RICHARD L 533 PINE LANE LAKE FOREST, IL 60045		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WAMBOLD, RICHARD L 1050 MEADOW LN LAKE FOREST, IL 60045	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS FAULKNER, JAMES V JR 110 ABINGDON AVENUE KENILWORTH, IL 60043		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPCF CAMPBELL, ANDREW A 14 POLO DRIVE BARRINGTON, IL 60010		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS COCO, CYNTHIA 265 TALLY HO DRIVE VERNON HILLS, IL 60061		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT BRUSH, DAVID P 18449 MEANDER DRIVE GRAYSLAKE, IL 60030		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT WALTERS, EDWARD T 14660 S SOMERSET CIRCLE GREEN OAKS, IL 60048		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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: 			CYNTHIA L. COCO 1/28/04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		
			Daytime Phone #		