

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01466

FILED
Jan 29, 2008
Secretary of State

Entity Name: PACTIV CORPORATION

Current Principal Place of Business:

1900 W FIELD CT
LAKE FOREST, IL 60045 US

New Principal Place of Business:

Current Mailing Address:

ATTN: KIM TENNYSON
1900 WEST FIELD COURT
LAKE FOREST, IL 60045 US

New Mailing Address:

FEI Number: 36-2552989 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WAMBOLD, RICHARD L
Address: 1050 MEADOW LANE
City-St-Zip: LAKE FOREST, IL 60045

Title: DVPS () Delete
Name: DOYLE, JOSEPH
Address: 1900 WEST FIELD COURT
City-St-Zip: LAKE FOREST, IL 60045

Title: VPCF () Delete
Name: CAMPBELL, ANDREW A
Address: 14 POLO DRIVE
City-St-Zip: BARRINGTON, IL 60010

Title: AT () Delete
Name: HUERTA, JACQUELYNE
Address: 1900 WEST FIELD COURT
City-St-Zip: LAKE FOREST, IL 60045

Title: VPT () Delete
Name: BRUSH, DAVID P
Address: 18449 MEANDER DRIVE
City-St-Zip: GRAYSLAKE, IL 60030

Title: VPT () Delete
Name: WALTERS, EDWARD T
Address: 14660 S SOMERSET CIRCLE
City-St-Zip: GREEN OAKS, IL 60048

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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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 or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYNE HUERTA

AT

01/29/2008

Electronic Signature of Signing Officer or Director

Date