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PROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P14309**

1. Corporation Name
STONE CONTAINER CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
ATTN: LISA YEARGAN 150 N. MICHIGAN AVE. CHICAGO IL 60601-4508 US	ATTN: LISA YEARGAN 150 N. MICHIGAN AVE. CHICAGO IL 60601-4508 US

2. Principal Place of Business	2a. Mailing Address
21 8182 Maryland Ave.	26 8182 Maryland Ave.
Suite, Apt. #, etc. 22 Attn: Terry Rapps	Suite, Apt. #, etc. 27 Attn: Terry Rapps
City & State 23 St. Louis, MO.	City & State 28 St. Louis, MO.
Zip 24 63105 / Country 25 US	Zip 29 63105 / Country 30 US

3. Date Incorporated or Qualifed
05/05/1987

4. FEI Number
36-2041256 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	XX DELETE
NAME	STONE, ROGER W. (CEO)	
STREET ADDRESS	150 N. MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	XX DELETE
NAME	READ, RANDOLPH D.	
STREET ADDRESS	150 N. MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VP	XX DELETE
NAME	JONES, GORDON	
STREET ADDRESS	150 N. MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	SV	XX DELETE
NAME	LEDERER, LESLIE T.	
STREET ADDRESS	150 N. MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	V	XX DELETE
NAME	WRIGHT, HAROLD D.	
STREET ADDRESS	150 N. MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	
TITLE	VPT	XX DELETE
NAME	WHEELER, MICHAEL B	
STREET ADDRESS	150 N. MICHIGAN AVENUE	
CITY-ST-ZIP	CHICAGO IL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Dir., Deputy CEO	☐ Change XX Addition
1.2 NAME	Raymond M. Curran	
1.3 STREET ADDRESS	150 N. Michigan Ave.	
1.4 CITY-ST-ZIP	Chicago, IL. 60601	
2.1 TITLE	Dir., VP/CFO	☐ Change XX Addition
2.2 NAME	Patrick J. Moore	
2.3 STREET ADDRESS	150 N. Michigan Ave.	
2.4 CITY-ST-ZIP	Chicago, IL. 60601	
3.1 TITLE	VP/Secretary	☐ Change XX Addition
3.2 NAME	Craig A. Hunt	
3.3 STREET ADDRESS	150 N. Michigan Ave.	
3.4 CITY-ST-ZIP	Chicago, IL. 60601	
4.1 TITLE	VP/Treasurer	☐ Change XX Addition
4.2 NAME	Charles A. Hinrichs	
4.3 STREET ADDRESS	150 N. Michigan Ave.	
4.4 CITY-ST-ZIP	Chicago, IL. 60601	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Craig A. Hunt, Vice President/Sec'y 3/17/99 (312)580-4577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)