2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P14309

1. Entity Name
SMURFIT-STONE CONTAINER ENTERPRISES, INC.

Principal Place of Business	Mailing Address
TAX DEPARTMENT 8182 MARYLAND AVE SAINT LOUIS, MO 63105 US	TAX DEPARTMENT 8182 MARYLAND AVE SAINT LOUIS, MO 63105 US

DO NOT WRITE IN THIS SPACE

04222005 No Chg-P CR2E034 (10/03)

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

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

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

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

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	AT
NAME	MARRA, RICHARD P
STREET ADDRESS	8182 MARYLAND AVENUE
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	PCEO
NAME	MOORE, PATRICK J
STREET ADDRESS	8182 MARYLAND AVE
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	VPS
NAME	HUNT, CRAIG A
STREET ADDRESS	8182 MARYLAND AVENUE
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	VPCF
NAME	HINRICHS, CHARLES A
STREET ADDRESS	8182 MARYLAND AVE
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	VP
NAME	KAUFMANN, PAUL
STREET ADDRESS	8182 MARYLAND AVE.
CITY-ST-ZIP	SAINT LOUIS, MO 63105
TITLE	VT
NAME	BEYERSDORFER, JEFFREY S
STREET ADDRESS	8182 MARYLAND AVENUE
CITY-ST-ZIP	SAINT LOUIS, MO 63105

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05/03/05-80118-004 150.00

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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: Paul K. Kaufmann PAUL K. KAUFMANN 4/29/2005 (314)746-1100
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #