

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90045 028 ***150.00

DOCUMENT # P14309

1. Entity Name
STONE CONTAINER CORPORATION



Principal Place of Business

TAX DEPARTMENT
8182 MARYLAND AVE
ST LOUIS MD 63105
US

Mailing Address

TAX DEPARTMENT
8182 MARYLAND AVE
ST LOUIS MD 63105
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
ST. LOUIS, MO

City & State
ST. LOUIS, MO

4. FEI Number **36-2041256**

Applied For
Not Applicable

Zip Country

Zip Country

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

☒ **CHECK HERE IF MAKING CHANGES**

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 33324

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **AT** ☐ Delete
NAME **MARRA, RICHARD P**
STREET ADDRESS **8182 MARYLAND AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8182 MARYLAND AVE**
CITY-ST-ZIP

TITLE **PCEO** ☐ Delete
NAME **MOORE, PATRICK J**
STREET ADDRESS **8182 MARYLAND AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

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

TITLE **VPS** ☐ Delete
NAME **HUNT, CRAIG A**
STREET ADDRESS **150 N WICHITAN AVENUE**
CITY-ST-ZIP **CHICAGO IL 60601**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **8182 MARYLAND AVE**
CITY-ST-ZIP **ST LOUIS, MO 63105**

TITLE **VPCF** ☐ Delete
NAME **HINRICH, CHARLES A**
STREET ADDRESS **8182 MARYLAND AVE**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

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

TITLE **VP** ☐ Delete
NAME **KAUFMANN, PAUL**
STREET ADDRESS **8182 MARYLAND AVE.**
CITY-ST-ZIP **SAINT LOUIS MO 63105**

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **V/T**
STREET ADDRESS **JEFFREY S. BEYERSDORFER**
CITY-ST-ZIP **8182 MARYLAND AVE**
ST LOUIS, MO 63105

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 Kaufmann* **KAUFMANN** **Kaufmann**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/2003 **314/746-1100**

Date

Daytime Phone #

CR2E034 (10/02)