

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P30919** (5)
1. Corporation Name
SMURFIT PACKAGING CORPORATION



Principal Place of Business % JAMES RAY 401 ALTON STREET ALTON IL 62002	Mailing Address % JAMES RAY 401 ALTON STREET ALTON IL 62002-2437
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2. Principal Place of Business 21 401 ALTON STREET Suite, Apt. #, etc. 22 City & State 23 ALTON, IL Zip 24 62202 Country 25	2a. Mailing Address 26 401 ALTON STREET Suite, Apt. #, etc. 27 City & State 28 ALTON, IL Zip 29 62202 Country 30
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3. Date Incorporated or Qualified 09/11/1990	3a. Date of Last Report 05/01/1996
4. FEI Number 43-1531057	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMURFIT, M.W.J. J	1.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	1.4 CITY - ST - ZIP	
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNKE, J.R.	2.2 NAME	VCFO
STREET ADDRESS	8182 MARYLAND AVENUE	2.3 STREET ADDRESS	MOORE, P.J.
CITY - ST - ZIP	ST LOUIS MO	2.4 CITY - ST - ZIP	8182 Maryland Ave.
TITLE	T <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINRICHS, C.A.	3.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	3.4 CITY - ST - ZIP	
TITLE	AT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRA, R. P	4.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	4.4 CITY - ST - ZIP	
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNEY, MICHAEL E.	5.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST LOUIS MO	5.4 CITY - ST - ZIP	
TITLE	EVP <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERRILL, J. E.	6.2 NAME	
STREET ADDRESS	8182 MARYLAND AVENUE	6.3 STREET ADDRESS	
CITY - ST - ZIP	ST. LOUIS MO	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:  4/25/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)

SMURFIT PACKAGING CORPORATION - DELAWARE

OFFICERS

<u>NAME</u>	<u>TITLE</u>
J. B. Malloy	Chairman
M. W. J. Smurfit, Jr.	President and Chief Executive Officer
R. W. Graham	Executive Vice President
P. J. Moore	Vice President and Chief Financial Officer
J. M. McGuire	Vice President and General Manager, Plastics Division
C. A. Hinrichs	Vice President & Treasurer
D. L. Hobson	Vice President & General Manager - Sequoia Pacific Systems Division
M. E. Tierney	Vice President & Secretary
C. A. Hunt	Assistant Secretary
R. P. Marra	Assistant Treasurer

DIRECTORS

<u>NAME</u>	<u>TITLE</u>
J. B. Malloy	Chairman
M. W. J. Smurfit, Jr.	President and Chief Executive Officer
P. J. Moore	Vice President and Chief Financial Officer

SMURFIT PACKAGING CORPORATION
Division Officers

C. J. Spyker - Vice President and General Manager - Pomona Mill

BUSINESS MAILING ADDRESS FOR THE ABOVE:

8182 Maryland Avenue, 11th Floor
St. Louis, MO 63105