

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 12, 1999 8:00 am
Secretary of State

05-12-1999 90010 046 ***150.00

DOCUMENT # P30919

1. Corporation Name

SMURFIT PACKAGING CORPORATION

Principal Place of Business

% JAMES RAU
401 ALTON STREET
ALTON IL 62002
US

Mailing Address

% JAMES RAU
401 ALTON STREET
ALTON IL 62002
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/11/1990

4. FEI Number

43-1531057

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	SMURFIT, M.W.J. J	
STREET ADDRESS	8182 MARYLAND AVENUE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	VCFO	<input type="checkbox"/> DELETE
NAME	MOORE, P J	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HINRICH, C.A.	
STREET ADDRESS	8182 MARYLAND AVENUE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	MARRA, R. P	
STREET ADDRESS	8182 MARYLAND AVENUE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TIERNEY, MICHAEL E.	
STREET ADDRESS	8182 MARYLAND AVENUE	
CITY-ST-ZIP	ST LOUIS MO	
TITLE	EVP	<input checked="" type="checkbox"/> DELETE
NAME	GRAHAM, R. W.	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	ST. LOUIS MO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PCEO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PETER A. COSGROVE	
1.3 STREET ADDRESS	8182 MARYLAND AVE	
1.4 CITY-ST-ZIP	ST LOUIS, MO. 63105	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	CRAIG A. HUNT	
5.3 STREET ADDRESS	8182 MARYLAND AVE	
5.4 CITY-ST-ZIP	ST LOUIS MO 63105	
6.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAMES B. MALLOY	
6.3 STREET ADDRESS	8182 MARYLAND AVE	
6.4 CITY-ST-ZIP	ST LOUIS MO 63105	

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 unchanged, or on an attachment with an address, with all other like information.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES A. HINRICH
VICE PRESIDENT AND TREASURER

Date

Daytime Phone #

CR2E034 (11/98)

0551138

Eff. 4/1/99

546828-9000-46
P30919

SMURFIT PACKAGING CORPORATION - DELAWARE

Directors

James B. Malloy
Peter A. Cosgrove
Patrick J. Moore

Officers

James B. Malloy – Chairman
Peter A. Cosgrove – President and Chief Executive Officer
Patrick J. Moore – Vice President and Chief Financial Officer
Charles A. Hinrichs – Vice President and Treasurer
Derry L. Hobson – Vice President and General Manager –
Sequoia Pacific Systems Division
Craig A. Hunt – Vice President and Secretary
Richard P. Marra – Assistant Treasurer

Business address of all officers is 8182 Maryland Avenue, St. Louis, MO 63105