

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P30919

1. Entity Name

SMURFIT PACKAGING CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90459 004 ***150.00

Principal Place of Business

Mailing Address

% JAMES RAU
401 ALTON STREET
ALTON IL 62002
US

% JAMES RAU
401 ALTON STREET
ALTON IL 62002-2437
US

2. Principal Place of Business

3. Mailing Address

Tax Department

Tax Department

Suite, Apt. #, etc.

Suite, Apt. #, etc.

8182 Maryland Avenue

8182 Maryland Avenue

City & State

City & State

St. Louis, Mo

St. Louis, Mo

Zip

Country

Zip

Country

63105

USA

63105

USA

4. FEI Number

43-1531057

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PCEO	<input type="checkbox"/> Delete
NAME	COSGROVE, PETER A	
STREET ADDRESS	8182 MARYLAND AVENUE	
CITY-ST-ZIP	ST LOUIS MO 63105	
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	VPS	<input type="checkbox"/> Delete
NAME	HUNT, CRAIG A	
STREET ADDRESS	8182 MARYLAND AVENUE	
CITY-ST-ZIP	ST LOUIS MO 63105	
TITLE	C	<input type="checkbox"/> Delete
NAME	MALLOY, JAMES B	
STREET ADDRESS	8182 MARYLAND AVE	
CITY-ST-ZIP	ST LOUIS MO 63105	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CHARLES A. HINRICH
VICE PRESIDENT AND TREASURER

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)