FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P35100** **(7)**

1. Corporation Name

RIVERWOOD INTERNATIONAL USA, INC.

Principal Place of Business	Mailing Address
P O BOX 17086 DENVER CO 80217	P O BOX 17086 DENVER CO 80217

3. Date Incorporated or Qualified: **08/09/1991**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **84-0772929** ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AT	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	COPE, DAVID S.		1.2 NAME	
STREET ADDRESS	5170 S. INDEPENDENCE ST.		1.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLETON CO		1.4 CITY-ST-ZIP	
TITLE	PD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	JOHNSON, T.H.		2.2 NAME	
STREET ADDRESS	100 CUMBERLAND CIRCLE		2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCCAULEY, F.R.		3.2 NAME	
STREET ADDRESS	100 CUMBERLAND CIRCLE		3.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VON WALD, R.B.		4.2 NAME	
STREET ADDRESS	4 CHERRY HILLS FARM DR.		4.3 STREET ADDRESS	
CITY-ST-ZIP	ENGLEWOOD CO		4.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PICHON, G.W.		5.2 NAME	
STREET ADDRESS	100 CUMBERLAND CIRCLE		5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA		5.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	CLARK, C.S.		6.2 NAME	
STREET ADDRESS	1000 JONESBORO HWY.		6.3 STREET ADDRESS	
CITY-ST-ZIP	W. MONROE LA		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: David S. Cope **David S. Cope, Assistant Treasurer** **3/23/96** **303 978-2000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)