

2006 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P35100

1. Entity Name
GRAPHIC PACKAGING INTERNATIONAL, INC.



Principal Place of Business
**814 LIVINGSTON COURT
MARIETTA, GA 30067 US**

Mailing Address
**814 LIVINGSTON COURT
MARIETTA, GA 30067 US**



04072006 No Chg-P CR2E034 (11/05)

4. FEI Number
84-0772929

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	HUMPHREY, STEPHEN M
STREET ADDRESS	814 LIVINGSTON COURT
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	CFO
NAME	BALDWIN, JOHN T
STREET ADDRESS	814 LIVINGSTON COURT
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	EC
NAME	COORS, JEFFREY
STREET ADDRESS	814 LIVINGSTON COURT SE
CITY-ST-ZIP	MARIETTA, GA 300678940
TITLE	PCEO
NAME	HUMPHREY, STEPHEN M
STREET ADDRESS	814 LIVINGSTON COURT
CITY-ST-ZIP	MARIETTA, GA 300678940
TITLE	TVP
NAME	WENHOLD, W. SCOTT
STREET ADDRESS	814 LIVINGSTON COURT
CITY-ST-ZIP	MARIETTA, GA 30067
TITLE	EVCO
NAME	SCHEIBLE, DAVID W
STREET ADDRESS	814 LIVINGSTON COURT SE
CITY-ST-ZIP	MARIETTA, GA 300678940

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04/29/06-80154-024 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/06

770-644-3062