

2017 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000000019

Entity Name: WESTROCK PACKAGING SYSTEMS, LLC**Current Principal Place of Business:**504 THRASHER STREET
NORCROSS, GA 30071**Current Mailing Address:**504 THRASHER STREET
NORCROSS, GA 30071 US**FEI Number: 11-3666259****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR, AND PRESIDENT AND CHIEF
EXECUTIVE OFFICER
Name VOORHEES, STEVEN C
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title MANAGER AND EXECUTIVE VICE
PRESIDENT AND CHIEF FINANCIAL
OFFICER
Name DICKSON, WARD H.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title SVP
Name CARTER, ADAM
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title ASSISTANT SECRETARY
Name MAXWELL, KEVIN A.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title EXECUTIVE VICE PRESIDENT,
GENERAL COUNSEL AND
SECRETARY
Name MCINTOSH, ROBERT B.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title CHIEF ACCOUNTING OFFICER
Name MEADOWS, A. STEPHEN
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title SENIOR VICE PRESIDENT AND
TREASURER
Name STAKEL, JOHN D.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title ASST. SECRETARY
Name COHEN, NEIL G.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: KEVIN A. MAXWELL**ASSISTANT SECRETARY 01/06/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title ASST. SECRETARY
Name CURRIE, ROBERT A.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071

Title ASST. TREASURER
Name ABLE, CHRISTINA M.
Address 504 THRASHER STREET
City-State-Zip: NORCROSS GA 30071