

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M0300000019

Entity Name: MEADWESTVACO PACKAGING SYSTEMS, LLC

Current Principal Place of Business:

501 SOUTH 5TH STREET
RICHMOND, VA 23219

Current Mailing Address:

501 SOUTH 5TH STREET
MEADWESTVACO
RICHMOND, VA 23219 US

FEI Number: 11-3666259

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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
Name BUZZARD, JAMES A
Address 501 SOUTH 5TH STREET
City-State-Zip: RICHMOND VA 23219

Title MGR
Name LUKE, JOHN AJR
Address 501 SOUTH 5TH STREET
City-State-Zip: RICHMOND VA 23219

Title MGR
Name WENDELL, WILLKIE LII
Address 299 PARK AVENUE
City-State-Zip: NEW YORK NY 10171

Title MGR
Name CARRARA, JOHN J
Address 299 PARK AVENUE
City-State-Zip: NEW YORK NY 10171

Title AUTHORIZED MEMBER
Name NORDSKOG, LISA
Address 501 SOUTH 5TH STREET
MEADWESTVACO
City-State-Zip: RICHMOND VA 23219

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: LISA NORDSKOG

ASSISTANT

04/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date