

**2014 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M03000000019

**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: JOHN J. CARRARA**

**MANAGER**

**04/22/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date