

**2016 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000000486

**Entity Name:** WESTROCK - EASTPORT ROAD, LLC**Current Principal Place of Business:**504 THRASHER STREET  
NORCROSS, GA 30071**Current Mailing Address:**504 THRASHER STREET  
NORCROSS, GA 30071 US**FEI Number:** 94-3436726**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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 MEMB  
Name CENVEO CORPORATION  
Address 200 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title CEO  
Name BURTON, SR., ROBERT GOFFICER  
Address 200 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title CFO  
Name GOODWIN, SCOTT OF  
Address 200 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title SECR  
Name AUSTIN, LINDA JOFFICER  
Address 200 FIRST STAMFORD PLACE  
City-State-Zip: STAMFORD CT 06902

Title CEO  
Name VOORHEES, STEVEN C  
Address 504 THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title EVP/CFO  
Name DICKSON, WARD H  
Address 504 THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title EVP/GENERAL COUNSEL/S  
Name MCINTOSH, ROBERT B  
Address 504 THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

Title SVP/T  
Name STAKEL, JOHN  
Address 504 THRASHER STREET  
City-State-Zip: NORCROSS GA 30071

*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:** ASHLEY CHAPMAN**SR. TAX ANALYST****04/15/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date