

2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M11000002994

Entity Name: ROCKTENN CP, LLC**Current Principal Place of Business:**504 THRASHER STREET
NORCROSS, GA 30071**Current Mailing Address:**504 THRASHER STREET
NORCROSS, GA 30071**FEI Number:** 36-2041256**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	CEO
Name	RUBRIGHT, JAMES A
Address	504 THRASHER STREET
City-State-Zip:	NORCROSS GA 30071

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

Title	ASTR
Name	SIEGEL, DAVID R
Address	504 THRASHER STREET
City-State-Zip:	NORCROSS GA 30071

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

Title	EVP
Name	PORTER, JAMES B
Address	504 THRASHER STREET
City-State-Zip:	NORCROSS GA 30071

Title	VPT
Name	STAKEL, JOHN D
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: SIEGEL , DAVID R

ASTR

01/21/2014

Electronic Signature of Signing Authorized Person(s) Detail_____
Date