

**2022 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000010078

**Entity Name:** AUTOMATED PACKAGING SYSTEMS, LLC

**Current Principal Place of Business:**

1-175 PHILLIP PARKWAY  
STREETSBORO, OH 44241

**FILED**  
**Apr 24, 2022**  
**Secretary of State**  
**3864734129CC**

**Current Mailing Address:**

2415 CASCADE POINTE BLVD  
CHARLOTTE, NC 28208 US

**FEI Number: 34-0921189**

**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           VP  
Name           LEON, MICHAEL  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           VP  
Name           CUNNINGHAM, KEITH  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           VP, SEC  
Name           WILLIS, ANGEL  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           VP, ASST SEC  
Name           DONG, YOUHAO  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           ASST SEC  
Name           RUBLE, DAN  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           AUTHORIZED MEMBER  
Name           SEALED AIR CORPORATION (US)  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           PRESIDENT  
Name           DOHENY, EDWARD L. II  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

Title           VP, ASST. TREASURER  
Name           SULLIVAN, BRIAN  
Address        2415 CASCADE POINTE BLVD  
City-State-Zip: CHARLOTTE NC 28208

**Continues on page 2**

*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: KEITH CUNNINGHAM**

**VICE PRESIDENT**

**04/24/2022**

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

\_\_\_\_\_  
Date

**Authorized Person(s) Detail Continued :**

Title            DIRECTOR, VP, TREASURER  
Name            YANG, SHUXIAN  
Address        1-175 PHILLIP PARKWAY  
City-State-Zip: STREETSBORO OH 44241