

2021 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 22, 2021
Secretary of State
6539921677CC

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, TREASURER
Name FACCIN, ALESSANDRA
Address 2415 CASCADE POINTE BLVD
City-State-Zip: CHARLOTTE NC 28208

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

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: BRIAN SULLIVAN

VP

04/22/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

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