

2023 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000000130

Entity Name: ORORA PACKAGING SOLUTIONS, INC.**Current Principal Place of Business:**6600 VALLEY VIEW STREET
BUENA PARK, CA 90620**Current Mailing Address:**6600 VALLEY VIEW STREET
BUENA PARK, CA 90620 US**FEI Number:** 95-1683793**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**Officer/Director Detail :**

Title PRESIDENT, DIRECTOR
Name PENNISI, FRANK
Address 6600 VALLEY VIEW STREET
City-State-Zip: BUENA PARK CA 90620

Title SECRETARY
Name CONNELLY, COLLEEN
Address 6600 VALLEY VIEW STREET
City-State-Zip: BUENA PARK CA 90620

Title VICE PRESIDENT, DIRECTOR
Name HUELSKAMP, RAY
Address 6600 VALLEY VIEW STREET
City-State-Zip: BUENA PARK CA 90620

Title DIRECTOR, VP
Name BARLOW, KELLY
Address 6600 VALLEY VIEW STREET
City-State-Zip: BUENA PARK CA 90620

Title CFO, DIRECTOR
Name CHAPMAN, ERICA
Address 6600 VALLEY VIEW STREET
City-State-Zip: BUENA PARK CA 90620

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: COLLEEN CONNELLY**SECRETARY****01/04/2023**_____
Electronic Signature of Signing Officer/Director Detail_____
Date