

**2022 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F05000006131

**Entity Name:** SCHOLLE IPN PACKAGING, INC.**Current Principal Place of Business:**200 WEST NORTH AVE.  
NORTHLAKE, IL 60164-2402**Current Mailing Address:**200 WEST NORTH AVE.  
NORTHLAKE, IL 60164-2402 US**FEI Number:** 02-0751751**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 CFO  
Name TROUSDALE, JERRY  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title DIRECTOR  
Name GROVER, H. NATHAN  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title DIRECTOR  
Name BUSHNELL, ROSS  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title VP, CFO  
Name TROUSDALE, JERRY  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title PRESIDENT  
Name BUSHNELL, ROSS  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title CEO  
Name BUSHNELL, ROSS  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title TREASURER  
Name GOFFIN, JAY  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

Title DIRECTOR  
Name TROUSDALE, JERRY  
Address 200 WEST NORTH AVE.  
City-State-Zip: NORTHLAKE IL 60164-2402

*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:** GOFFIN, JAY**CORPORATE  
CONTROLLER****03/25/2022**

Electronic Signature of Signing Officer/Director Detail

Date