## 2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000006131

Entity Name: SCHOLLE PACKAGING, INC.

**Current Principal Place of Business:** 

19520 JAMBOREE ROAD SUITE 250 IRVINE, CA 92612

**FILED** Apr 12, 2013 **Secretary of State** CC0180830870

## **Current Mailing Address:**

200 W. NORTH AVE.

NORTHLAKE, IL 60164 US

FEI Number: NOT APPLICABLE 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:

**SECRETARY** Title Title **TREASURER** 

BELL. MARTIN D SAMSON, JAMES R Name Name

Address 19520 JAMBOREE ROAD Address 19520 JAMBOREE ROAD SUITE 250

SUITE 250

IRVINE CA 92612 City-State-Zip: IRVINE CA 92612 City-State-Zip:

**PRESIDENT** Title **DIRECTOR** Title

Name GIANNESCHI, LEON Name SCHOLLE, WILLIAM J

Address 19520 JAMBOREE ROAD Address 19520 JAMBOREE ROAD

SUITE 250 SUITE 250

IRVINE CA 92612 IRVINE CA 92612 City-State-Zip: City-State-Zip:

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: MARTIN D BELL **SECRETARY**