

2021 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 CORPORATE CONTROLLER
Name GOFFIN, JAY
Address 200 WEST NORTH AVE.
City-State-Zip: NORTHLAKE IL 60164-2402

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

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 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: JAY GOFFIN**CORPORATE
CONTROLLER****04/24/2021**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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