

**2025 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	DIRECTOR
Name	SUTERA, ALLISON
Address	200 WEST NORTH AVE.
City-State-Zip:	NORTHLAKE IL 60164-2402

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

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

Title	PRESIDENT
Name	SUTERA, ALLISON
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	SECRETARY
Name	SRODA, RACHEL
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:** RACHEL SRODA**SECRETARY****04/23/2025**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date