



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129269		2. Exact name of the limited liability company MeadWestvaco Packaging Systems, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island SALE AND LEASE OF PACKAGING PRODUCTS AND MACHINES	
5. Principal office address 1040 W. MARIETTA ST. NW		City ATLANTA	State GA
		Zip 30318	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Sharon D. Farrier		Contact Title ENTIRE MANAGEMENT	
Street Address COURTHOUSE PLAZA NE		City DAYTON	State OH
		Zip 45463	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name James A. Buzzard		Manager Name JOHN A. LUKE, JR.	
Street Address One High Ridge Park		Street Address One High Ridge Park	
City STAMFORD	State CT	Zip 06905	City STAMFORD
			State CT
			Zip 06905
Manager Name Wendell H. Wilkie, II		Manager Name	
Street Address One High Ridge Park		Street Address	
City STAMFORD	State CT	Zip 06905	City
			State
			Zip
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903-

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\*129269\*

File Date	9/29/05
Check No.	129269
By:	chr
FOR SECRETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

John J. Carrara 9-26-05  
Signature of Authorized Person Date  
JOHN J. CARRARA  
Print or Type Name of Authorized Person



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS  
Office of the Secretary of State  
Matthew A. Brown, Secretary of State

Corporations Division  
100 North Main Street  
Providence, RI 02903-1335  
401.222.3040

# LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2004

Filing Period: September 1 - November 1 • Filing Fee: \$50.00

(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. ID No. 129269		2. Exact name of the limited liability company MeadWestvaco Packaging Systems, LLC	
3. State of Formation DELAWARE		4. Brief description of the character of the business which is actually conducted in Rhode Island Sale AND lease of PACKAGING PRODUCTS AND machines.	
5. Principal office address 1040 W. Marietta St. NW		City Atlanta	State GA
		Zip 30318	
6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:			
Contact Name Sharon D. Farrier		Contact Title Entity Management	
Street Address Courthouse Plaza NE		City Dayton	State OH
		Zip 45463	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52			
Manager Name James A. Buzzard		Manager Name John A. Luke, Jr.	
Street Address One High Ridge Park		Street Address One High Ridge Park	
City Stamford	State CT	City Stamford	State CT
Zip 06905		Zip 06905	
Manager Name Wendell L. Wilkie II		Manager Name	
Street Address One High Ridge Park		Street Address	
City Stamford	State CT	City	State
Zip 06905		Zip	
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11			
Agent Name CT CORPORATION SYSTEM		Address	
Address 10 WEYBOSSET STREET		City PROVIDENCE	Zip 02903

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.



\* 1 2 9 2 6 9 \*

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

File Date 11/31/05  
Check No. 987649  
By: DA

FOR SECRETARY OF STATE USE ONLY

Peter H. Vogel, Jr. 9-15-04  
Signature of Authorized Person Date  
Peter H. Vogel, Jr.  
Print or Type Name of Authorized Person