

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

2005

(FORM MUST BE TYPED	OR PRINTED I	N BIACK)	, ,						
1. ID No. 129269	2 Exact name of the limited hability company MeadWestvaco Packaging Systems, LLC								
3. State of Formation DELAWARE  4. Brief description of the character of the business white SALE AND LEASE OF PACKAGING PRODU				pich is actually conducted in Rhode Island DUCTS AND MACHINES					
5. Principal office address 1040 W.	MARIE		NW COMPANY AND NAME	City ATLAN-		State GA		30318	
Contact Name ShA	RON [		RIEK	Contact Title  ENT 1	ONTACT PERSO	JAGEM	ENT		
	THouse	PLAZA	NE	Day-	ron	state Of	-1	45463	
	F	ILL IN SPACES	OF THE LIMITED LIABI BEFORE USING ATTAC NAGERS REQUIRES FIL	HMENTS ("X	" BOX FOR ATT	ACHMENT)		-52	
Manager Name PAmes	A. C	)422ARi	>	Manager Name	A. Lu	ike J	IR.		
	611 Ri	SLE PAR	الا	Street Address  ne	HIGH	Riphe	Par	K	
Stamfori	State	CT	21p 06905	City STAMF	ناو <i>ن</i>	State C7	r	06905	
Manager Name  Nende	11 h.	WILLK	it, II	Manager Name					
Siner Me H	16H E		ARK	Sireei Address					
STAMFOR		CT	06905	City		State		Zip	
8. RESIDENT AGENT Agent Name CT CORPORATION S		ISLAND - DO	NOT ALTER - Changes	require filing o	of Form 642 · F	R.I.G.L. 7-16	6-11		
Address 10 WEYBOSSET STREET			-	City: PROVIDENCE			7.φ 02903-		
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This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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File Date  Check No	9/29/05	
Ву:	ch	
	FOR SECRETARY OF STATE USE ONLY	

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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.

Print or Type Name of Authorized Person

Form 632 Rev. 7/03



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Matthew A. Brown, Secretary of State

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DELAWARE		ease OF Page	ALING PRODUCTS	AND MAC	hines.			
5 Principal office address		_	City	State	7	?(p		
- < 1040	) W. MARIETTA	STINW	ATLANTA	GH	!	30318		
6. MAILING ADDRE	SS OF LIMITED LIABILITY	COMPANY AND NAME	OR TITLE OF CONTAC	T PERSON:		<del>-</del>		
Contact Name			Contact <u>Titl</u> e	0	_			
J hard	on D. FARRIE	<u>r</u>	Entity Management					
Sirect Address	. 0		City	State		tip		
COURTITO	use Plaza N	ع	- DAYTON	I OH	4	15463		
7. NAME AND ADD				PLICABLE	_			
AN	FILL IN SPACES Y MODIFICATIONS TO MAI	BEFORE USING ATTAC NAGERS REQUIRES FIL		FOR ATTACHMENT R.I.G.L. 7-16-12 (s		.2		
Manager Name		•	Manager Name		-, (-, , , , , , ,	· <del>-</del> ,		
James A	. BUZZARD	JOHN A. LUKE JR.						
Street Address		<u>-</u>	Street Address	^				
Une Itia	In Ridge PARI	ાર	One High	RIDGE !	HARIC			
(A)	State	Zip	City	State	7.	Sip .		
OMMFURD	1 CT	06905	SMMFUR	D CT	·	06905		
Munager Name	1 1.3800 7	<b>-</b> I	Manager Name					
1)enoell	F. Millkie T	<u> </u>	<del></del>	<del></del>				
One High	h Ridge PA	حاح	Street Address					
G C	State	Zip	Gir	State	7.	ψ		
STAMFORD  R RESIDENT ACENT	TIN PHODE ISLAND. DO	106905			1			
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11  Agent Name  Address								
•			, Allantia					
CT CORPORATION S	YSTEM	<del></del>	<del></del> -	<del>-</del>				
Address			City		Ζip			
10 WEYBOSSET STR	EET	PROVIDENCE		02903-				
						- <u></u>		
	This report must be	e signed in ink by an au	thorized pareon mirror	nt to P I C 1 7 16 4	<b>.</b> .			
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	- 1 [88 101  1810  1060  0610  1610  1610	H						

File Date FOR SECRETARY OF STATE USE ONLY including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

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