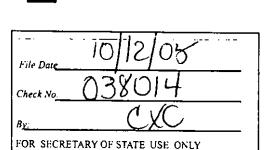


Matthew A. Brown, Secretary of State Corporations Division 100 North Main Street, Providence, RI 02903-1335 401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2005 Filing Period: September 1 - November 1 • Filing Fee: \$50.00

	PED OR PRINTED IN BL.						
1. ID No		t name of the limited liabilty company					
122381	1	Inzl Midatlantic, LLC					
3. State of Formation			e business which is actually conducted		· · · · · · · · · · · · · · · · · · ·		
			ion of Paper and Plast	of Paper and Plastics Products to commercial			
5. Principal office add			City	State	Zip		
	Road, Ste. 500		St. Louis	мо	63141		
6: MAILING AD Contact Name Daniel J. Le		EIABILITY COMP	NVAND NAME OR TITLE Contact Title Secretary	OF CONTACT F	ERSON:		
Street Address			City	State	Zip		
	RD., Ste. 500		St Louis	МО	63141		
Manager Name Patrick L. L		oromanagers Reul Geologia de Caracteria	JIRES FILING OF AMENDMENT *Manager Name Mark Brasher	K.Luit 7-16-12 (a) (2) 1.18-52		
	armon		Mark Brasher				
Street Address			· Street Address	<u> </u>			
	Road, Ste. 500		.701 Emerson Ro	ad, Ste. 500			
City	State	Zip	City	State	Zıp		
St. Louis	МО	63141	St. Louis	MO	63141		
Manager Name			Manager Nume				
Street Address			Street Address	<u> </u>			
Citv	State	Zip	•City	16	12:		
•		,,,p	•	State	Zip		
Agent Name		D DO NOT ALTER C	anges require filling of F	orm:642 - R.I.G.I	5.160 × /200 (7.50 × /200)		
Corporation Sen	vice Company						
Address		City	City Zip				
222 Jefferson Boulevard, Suite 200		Warwick	Warwick 02888				
	- · · 						

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



Under penalty of perjury, I declare and this report, including any accompanying and that all statements contained berein	g schedyles and s	talements,
Male Bury	lell	10/03/05
Signature of Authorized Person	Date	
Mark Brasher		
Printfor 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

1. 1D No	2. Exact name of the limits	2. Exact name of the limited Hability company					
122381	Bunzi Midatlantic, LL						
3. State of Formation			ss which is actually conducted in Rhode	r Island			
MISSOURI WAREHOUSING AND DISTRIBUTION OF					RCIAL BUSINESSES.		
5. Principal office address			City	State	Zip		
701 Emerson Rd., Ste. 500			St. Louis	мо	63141		
6. MAILING ADDRE	SS OF LIMITED LIABI	LITY COMPANY AND N	AME OR TITLE OF CONTACT	PERSON:	1 031,1		
Contact Name			Contact Title	•			
Daniel J. Le	ett		Secretary	Secretary			
Strive Address			Gity	State	7.tp		
701 Emerson	Road, Ste. 500		St. Louis	МО	63141		
7. NAME AND ADDI	RESS OF EACH MANAC	GER OF THE LIMITED L	IABILITY COMPANY, IF APPL	ICABLE	1		
	FILL IN SPA	ACES BEFORE USING AT	TTACHMENTS ("X" BOX FO	R ATTACHMENT) [
	Y MODIFICATIONS TO	MANAGERS REQUIRES	FILING OF AMENDMENT, R.	I.G.L. 7·16-12 (a) (2) / 7-16-52		
Manager Name			Manager Name	Manager Name			
Patrick L. I	Larmon		Mark Brasher	Mark Brasher			
Street Address			Street Address				
701 Emerson	Road, Ste. 500		701 Emerson Road, Ste. 500				
City	State	Zip	City	State	ZIp		
St. Louis	MO	63141	St. Louis	МО	63141		
Manager Name		•	Manager Name		······································		
	<u> </u>						
Street Address			Street Address	Street Address			
							
Clty	State	Zip	Сиу	State	Zip		
& RESIDENT ACENT	T IN BUODE ISLAND	 	•	ì	<u> </u>		
Agent Name	IN KHODE ISLAND .	DO NOT ALTER - Chan	ges require filing of Form 6	42 - R.I.G.L. 7-16-1	1		
••			Address				
CORPORATION SERV	ICE COMPANY						
Address			Cuy	Zi	p		
222 JEFFERSON BOULEVARD, SUITE 200			WARWICK		02888-		

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



File Date 10/25/84
Chrek No 034709
By:
FOR SECRETARY OF STATE USE ONLY

Inder penalty of perjury, I declare a reluding any accompanying whedi	and affirm that I ha	we examined this report.
ontained berein are true and correct	it. //	
Marl I Ma	May	28/04
gnfaure of Authorized Person	Date	-

Mark Brasher, Manager

Print or Type Name of Authorized Person



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 2003

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

(FORM MUST BE TY)	PED OR PRINTED IN BL	4CK)					
I. ID No.	2. Exact name of the li	act name of the limited liabilty company				_	
122381	Bunzl Midatlantic	Midatlantic, LLC					
3. State of Formation	4. Brief descri	4. Brief description of the character of the business which is actually conducted in Rhode Island					
Missouri Warehousing and distribution			ion of paper and plast:	lcs products	to commercial business	es	
5. Principal office add			City	State	Zip		
701 Emerson F	Road, Ste. 500		St. Louis	МО	63141		
6. MAILING ADD	RESS OF LIMITED	LIABILITY COMPA	NY AND NAME OR TITLE	OF CONTACT	PERSON:	_	
Contact Name			Contact Title				
Daniel J. Let	:t		.Secretary/Gene	ral Counsel	•		
Street Address			City	State	Zip		
701 Emerson R	oad, Ste. 500		.St. Louis	MO	63141		
	FILL IN S	PACES BEFORE USING	LIMITED LIABILITY COM C ATTACHMENTS ("X" HOX F BIRES FILING OF AMENDMENT, I	OR ATTACHMENT	ח 🗖		
Manager Name			·Manager Name				
Paul G. Loren	zini		Mark Brasher	Mark Brasher			
Street Address			* Street Address		· · · · · · · · · · · · · · · · · · ·	_	
701 Emerson R	load, Ste. 500		.701 Emerson Ro	ad, Ste. 500	0		
City	State	Zip	*City	State	Zip	_	
St. Louis	MO	63141	St. Louis	MO	63141		
Manager Name	••••••	• • • • • • • • • • •	*Manager Name			• •	
Street Address			Street Address			_	
City	Stote	Zip	City	State			
,	İ	, , , , , , , , , , , , , , , , , , ,	•	Siure			
8. RESIDENT AGE	NT IN RJIODE ISLAN	D -DO NOT ALTER- CI	nanges require filing of F	orm 642 - R.I.G.			
Agent Name			Address				
Corporation Serv	ice Company		Suite 900				
Address	, - -		City	-	Zip		
170 Westminster Street		Providence	Providence 02903				
	-				<u> </u>		

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



File Date	10.3-03	
Check No.	30758	
B <u>y:</u>	2.	
FOR SECRE	ETARY OF STATE USE ONLY	

Under penalty of perjury, I declare and this report, including any accompanying and the last last attempts contained hereign.	ig schedules and	statements,
Mach Mark	ll	9/30/03
Signature of Authorized Person	Date	7 7
Mark Brasher		
Print or Type Name of Authorized Person		