


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # F97000002343
 7. Entity Name
 PACTIV PROTECTIVE PACKAGING INC.



Principal Place of Business
 1900 W FIELD COURT
 LAKE FOREST, IL 60045 US

Mailing Address
 1900 W FIELD COURT
 LAKE FOREST, IL 60045 US

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01282004 No Chg-P CR2E034 (10/03)

4. FEI Number
 76-0533954

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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8. 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. I am familiar with, and accept the obligations of registered agent

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

U00000032119
 02/04/04-80176-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MORRIS, JAMES D 309 ROTHBURY CT LAKE BLUFF, IL 60044
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VT BRUSH, DAVID P 18449 W. MEANDER DR GRAYSLAKE, IL 60030
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVS FAULKNER, JR, JAMES V 110 ABINGDON AVE KENILWORTH, IL 60043
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV HINEYTT, KENNETH 10 CAMBRIC AVE PITTSFORD, NY 14534
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TDAS COCO, CYNTHIA 285 TALLLY HO DR VERNON HILLS, IL 60061
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Cynthia L. Coco CYNTHIA L. COCO 1/28/04
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #