


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 08:00 AM
Secretary of State

DOCUMENT # F99000001296
 1. Entity Name
PACKAGING CORPORATION OF AMERICA



Principal Place of Business
**1900 WEST FIELD COURT
 LAKE FOREST, IL 60045**

Mailing Address
**1900 WEST FIELD COURT
 LAKE FOREST, IL 60045**

DO NOT WRITE IN THIS SPACE



01112008 No Chg-P CR2E034 (11/05)

4. FEI Number
36-4277050

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**NRAI SERVICES, INC.
 2731 EXECUTIVE PARK DRIVE
 SUITE 4
 WESTON, FL 33331**

DO NOT WRITE IN THIS SPACE

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 _____ DATE _____
Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	MENCOFF, SAMUEL M
STREET ADDRESS	1304 FOREST AVE
CITY-ST-ZIP	EVANSTON, IL 60201
TITLE	D
NAME	SOULELES, THOMAS S
STREET ADDRESS	2224 N. ORCHID ST #1-N
CITY-ST-ZIP	CHICAGO, IL 60614
TITLE	CEO
NAME	STECKO, PAUL T
STREET ADDRESS	1320 SOUTH RIDGE ROAD
CITY-ST-ZIP	LAKE FOREST, IL 60045
TITLE	D
NAME	FRIGON, HENRY F
STREET ADDRESS	433 WARD PARKWAY #23
CITY-ST-ZIP	KANSAS CITY, MO 64112
TITLE	D
NAME	HOLLAND, LOUIS A
STREET ADDRESS	22W779 SYCAMORE DRIVE
CITY-ST-ZIP	GLEN ELLYN, IL 60137
TITLE	D
NAME	WILLIAMSON, RAYFORD K
STREET ADDRESS	1900 W FIELD CT
CITY-ST-ZIP	LAKE FOREST, IL 60045

DO NOT WRITE IN THIS SPACE

U00000790383
 01/23/08-80031-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Pamela A. Barnes Pamela A. Barnes 1/15/08 947-482-7839
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #