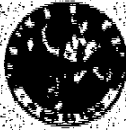


**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
AND  
FILED

95 APR 19 AM 1:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P01466 (2)**  
1. Corporation Name  
**PACKAGING CORPORATION OF AMERICA**

Principal Place of Business  
~~1800 ORRINGTON STREET~~  
~~WILMINGTON DE 19801~~

Mailing Address  
~~1803 ORRINGTON AVE~~  
~~TAX-15~~  
~~EVANSTON IL 60201~~  
~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/02/1984** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **36-2552989** Applied For  
Not Applicable

2. Principal Place of Business  
21 **1603 Orrington Ave** 2a. Mailing Address  
26 **1209 Orange St.**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Tax-15** 27  
City & State City & State  
23 **Evansston, IL** 28 **Wilmington, DE**  
Zip Country Zip Country  
24 **60201** 25 **USA** 29 **19801** 30 **USA**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 33324**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **STECKO, PAUL T**  
STREET ADDRESS **1603 ORRINGTON AVE.**  
CITY - ST - ZIP **EVANSTON IL**

TITLE **D**  
NAME **BLAKELY, R. T.**  
STREET ADDRESS **1603 ORRINGTON AVE.**  
CITY - ST - ZIP **EVANSTON IL**

TITLE **D**  
NAME **MEAD, DANA G.**  
STREET ADDRESS **TENNECO BUILDING**  
CITY - ST - ZIP **HOUSTON TX**

TITLE **SVP**  
NAME **HARLOW, R.D.**  
STREET ADDRESS **1603 ORRINGTON AVE.**  
CITY - ST - ZIP **EVANSTON IL**

TITLE **S**  
NAME **STEWART, K. A.**  
STREET ADDRESS **1603 ORRINGTON AVE.**  
CITY - ST - ZIP **EVANSTON IL**

TITLE **T**  
NAME **YOUNG, E.A.**  
STREET ADDRESS **1603 ORRINGTON AVE.**  
CITY - ST - ZIP **EVANSTON IL**

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
6.2 NAME **S. M. Lefevre**  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Charter/Revision #