

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90109 032 \*\*\*150.00

**DOCUMENT # P01466**

1. Entity Name  
**PACTIV CORPORATION**



Principal Place of Business  
**1900 W FIELD CT  
LAKE FOREST IL 60045  
US**

Mailing Address  
**ATTN: DOUG SCHIMOF  
1900 WEST FIELD COURT  
LAKE FOREST IL 60045  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
Zip Country

4. FEI Number **36-2552989**  
Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND ROAD  
PLANTATION FL 19801**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2003 Fee will be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	WAMBOLD, RICHARD L	
STREET ADDRESS	533 PINE LANE	
CITY-ST-ZIP	LAKE FOREST IL 60045	
TITLE	DVPS	<input type="checkbox"/> Delete
NAME	FAULKNER, JAMES V JR	
STREET ADDRESS	110 ABINGDON AVENUE	
CITY-ST-ZIP	KENILWORTH IL 60043	
TITLE	VPCF	<input type="checkbox"/> Delete
NAME	CAMPBELL, ANDREW A	
STREET ADDRESS	14 POLO DRIVE	
CITY-ST-ZIP	BARRINGTON IL 60010	
TITLE	AS	<input type="checkbox"/> Delete
NAME	COCO, CYNTHIA	
STREET ADDRESS	265 TALLY HO DRIVE	
CITY-ST-ZIP	VERNON HILLS IL 60061	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	BRUSH, DAVID P	
STREET ADDRESS	18449 MEANDER DRIVE	
CITY-ST-ZIP	GRAYSLAKE IL 60030	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WALTERS, EDWARD T	
STREET ADDRESS	14660 S SOMERSET CIRCLE	
CITY-ST-ZIP	GREEN OAKS IL 60048	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **SIGNATURE REQUIRED** CYNTHIA L. COCO 1/9/03 (847) 482 4652  
Date Daytime Phone #

CR2E034 (10/02)