

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01466

FILED  
Apr 28, 2005  
Secretary of State

Entity Name: PACTIV CORPORATION

**Current Principal Place of Business:**

1900 W FIELD CT  
LAKE FOREST, IL 60045 US

**New Principal Place of Business:**

**Current Mailing Address:**

ATTN: DOUG SCHIMOF  
1900 WEST FIELD COURT  
LAKE FOREST, IL 60045 US

**New Mailing Address:**

FEI Number: 36-2552989      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: WAMBOLD, RICHARD L  
Address: 1050 MEADOW LANE  
City-St-Zip: LAKE FOREST, IL 60045

Title: DVPS ( ) Delete  
Name: FAULKNER, JAMES V JR  
Address: 110 ABINGDON AVENUE  
City-St-Zip: KENILWORTH, IL 60043

Title: VPCF ( ) Delete  
Name: CAMPBELL, ANDREW A  
Address: 14 POLO DRIVE  
City-St-Zip: BARRINGTON, IL 60010

Title: AS ( ) Delete  
Name: COCO, CYNTHIA  
Address: 265 TALLY HO DRIVE  
City-St-Zip: VERNON HILLS, IL 60061

Title: VPT ( ) Delete  
Name: BRUSH, DAVID P  
Address: 18449 MEANDER DRIVE  
City-St-Zip: GRAYSLAKE, IL 60030

Title: VPT ( ) Delete  
Name: WALTERS, EDWARD T  
Address: 14660 S SOMERSET CIRCLE  
City-St-Zip: GREEN OAKS, IL 60048

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CYNTHIA L. COCO

AS

04/28/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date