

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Suzanne B. McDermott
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P01466** (2)

1. Corporation Name
TENNECO PACKAGING INC.



Principal Place of Business: **1603 ORRINGTON AVE TAX-15 EVANSTON IL 60201 US**
 Mailed Address: **1209 ORANGE ST TAX-15 WILMINGTON DE 60201 US**

2. Principal Place of Business: **21** Suite, Apt. #, etc. **22** City & State **23** Zip **24** Country **25**
 2a. Mailing Address: **26** Suite, Apt. #, etc. **27** City & State **28** Zip **29** Country **30**

3. Date Incorporated or Qualified: **04/02/1984**
 3a. Date of Last Report: **04/19/1995**
 4. FEI Number: **36-2552989** Applied For: Not Applicable
 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
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 19801**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City, **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 607.013 and 607.014, 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. Said change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 607.013, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETED
NAME	STECKO, PAUL T	
STREET ADDRESS	1603 ORRINGTON AVE.	
CITY-STATE-ZIP	EVANSTON IL	
TITLE	D	<input type="checkbox"/> DELETED
NAME	BLAKELY, R. T.	
STREET ADDRESS	1603 ORRINGTON AVE.	
CITY-STATE-ZIP	EVANSTON IL	
TITLE	D	<input type="checkbox"/> DELETED
NAME	MEAD, DANA G.	
STREET ADDRESS	TENNECO BUILDING	
CITY-STATE-ZIP	HOUSTON TX	
TITLE	SVP	<input type="checkbox"/> DELETED
NAME	HARLOW, R.D.	
STREET ADDRESS	1603 ORRINGTON AVE.	
CITY-STATE-ZIP	EVANSTON IL	
TITLE	S	<input type="checkbox"/> DELETED
NAME	STEWART, K. A.	
STREET ADDRESS	1603 ORRINGTON AVE.	
CITY-STATE-ZIP	EVANSTON IL	
TITLE	T	<input checked="" type="checkbox"/> DELETED
NAME	YOUNG, E. A.	
STREET ADDRESS	1603 ORRINGTON AVE.	
CITY-STATE-ZIP	EVANSTON IL	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUZANNE M. LeFeure	
STREET ADDRESS	1603 ORRINGTON AVE.	
CITY-STATE-ZIP	EVANSTON IL 60201	

14. I do hereby certify that the information furnished by this corporation is true and correct and 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 12 or Block 13 if changed or omitted from my previous address.

SIGNATURE: *Suzanne M. LeFeure* SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)
 SUZANNE M. LeFeure 3-29-96 847-482-489

CR2E034 (12/95)