

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 13, 2002 8:00 am**  
**Secretary of State**

08-13-2002 90222 012 \*\*\*550.00

**DOCUMENT # P01466**

1. Entity Name  
**PACTIV CORPORATION**

Principal Place of Business

1900 W FIELD CT  
 LAKE FOREST IL 60045  
 US

Mailing Address

ATTN: ~~PAT THOMPSON~~ **DOUG SCHIMPF**  
 1900 WEST FIELD COURT  
 LAKE FOREST IL 60045  
 US



DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$550.00**  
**After September 13, 2002 Fee will be \$750.00**  
**Make Check Payable to Department of State**

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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	<del>THOMPSON, PATRICIA</del>	
STREET ADDRESS	34145 N SULKY DRIVE	
CITY-ST-ZIP	GRAYSLAKE IL 60030	
TITLE	VPS	<input type="checkbox"/> Delete
NAME	BARBOSA, RAYMOND	
STREET ADDRESS	120 FRANCISCO TERRACE	
CITY-ST-ZIP	OAK PARK IL 60001	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	WALTERS, EDWARD T	
STREET ADDRESS	14660 S SOMERSET CIRCLE	
CITY-ST-ZIP	GREEN OAKS IL 60048	

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	AS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COCO, CYNTHIA	
STREET ADDRESS	265 TALLY HO DRIVE	
CITY-ST-ZIP	VERNON HILLS, IL 60061	
TITLE	VPC TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID P. BRUSH	
STREET ADDRESS	18449 MEANDER DRIVE	
CITY-ST-ZIP	GRAYSLAKE, IL 60030	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

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

Aug 8, 2002 847-482-3611  
 Date Daytime Phone #

CR2E034 (4/02)

