

1.) CORPORATION NAME: <b>MeadWestvaco Employee Relief Fund</b>	DUE DATE: <b>11/30/2015</b>
2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: <b>CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</b>	SCC ID NO: <b>F1690314</b>
3.) CITY OR COUNTY OF VA REGISTERED OFFICE: <b>HENRICO COUNTY</b>	5.) STOCK INFORMATION CLASS <input type="text"/> AUTHORIZED <input type="text"/>
4.) STATE OR COUNTRY OF INCORPORATION: <b>DE</b>	

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 501 SOUTH 5TH ST  
CITY/ST/ZIP: RICHMOND, VA 23219

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

NAME: KATHRYN A STRAWN TITLE: TREASURER ADDRESS: 501 SOUTH 5TH ST CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: MANDY BURNETTE TITLE: SECRETARY ADDRESS: 501 SOUTH 5TH STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: ERGYS PRENIKA TITLE: CHAIRMAN ADDRESS: 501 SOUTH 5TH STREET CITY/ST/ZIP/CO: RICHMOND, VA 23219	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

NAME: RODNEY G STRONG TITLE: VICE CHAIR ADDRESS: ROUTE DE PRE-BOIS 20 CASE POSATLE 1904 TOWER CITY/ST/ZIP/CO: , , FN	<input checked="" type="checkbox"/>	OFFICER	<input checked="" type="checkbox"/>	DIRECTOR
---	-------------------------------------	---------	-------------------------------------	----------

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ KATHRYN A STRAWN SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	KATHRYN A STRAWN, TREASURER PRINTED NAME AND CORPORATE TITLE	11/2/2015 DATE
---	--	-------------------

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.