

SCC eFile
(6/10)

2012 ANNUAL REPORT
COMMONWEALTH OF VIRGINIA
STATE CORPORATION COMMISSION

212504910

1.) CORPORATION NAME:

Reynolds Consumer Products Inc.

DUE DATE: **2/29/2012**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**ATTORNEY
HOWARD FELLER
ONE JAMES CENTER
901 E CARY STREET**

SCC ID NO: **F1738543**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	10,000

RICHMOND, VA 23219

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

RICHMOND CITY

4.) STATE OR COUNTRY OF INCORPORATION:

DE

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 6641 WEST BROAD STREET

CITY/ST/ZIP: RICHMOND, VA 23230-

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:	THOMAS J DEGNAN	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRES/DIR		
ADDRESS:	1900 W FIELD COURT		
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045-		
NAME:	LAWRENCE M TUSKEY	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	SECRETARY		
ADDRESS:	6641 W BROAD ST		
CITY/ST/ZIP/CO:	RICHMOND, VA 23230-		
NAME:	PAUL D THOMAS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 W FIELD COURT		
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045-		
NAME:	MICHAEL E GRAHAM	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1900 W FIELD COURT		
CITY/ST/ZIP/CO:	LAKE FOREST, IL 60045-		
NAME:	HELEN D GOLDING	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SEC		
ADDRESS:	LEVEL 20, 20 BOND ST		
CITY/ST/ZIP/CO:	SYDNEY, 2000-, AUSTRALIA		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	GARY A THOMAS DIRECTOR 1900 W FIELD COURT LAKE FOREST, IL 60045-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VICTOR L MITCHELL VICE PRESIDENT 1900 W FIELD CT LAKE FOREST, IL 60045-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SANDRA J GLEASON TREASURER 1900 W FIELD CT LAKE FOREST, IL 60045-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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/ LAWRENCE M TUSKEY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	LAWRENCE M TUSKEY, SECRETARY PRINTED NAME AND CORPORATE TITLE	2/8/2012 DATE
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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.