

1.) CORPORATION NAME: GREIF FLEXIBLES USA INC. 2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA 3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY 4.) STATE OR COUNTRY OF INCORPORATION: IL	DUE DATE: 10/31/2015 SCC ID NO: F1875352 5.) STOCK INFORMATION <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:50%;">CLASS</td> <td style="width:50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>5,000</td> </tr> </table>	CLASS	AUTHORIZED	COMMON	5,000
CLASS	AUTHORIZED				
COMMON	5,000				

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 425 WINTER ROAD

CITY/ST/ZIP: DELAWARE, OH 43015

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.

	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: GARY R. MARTZ		
TITLE: EXEC VP/SEC		
ADDRESS: 425 WINTER ROAD		
CITY/ST/ZIP/CO: DELAWARE, OH 43015		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: JEFF CHRISTENSEN		
TITLE: VP TAX		
ADDRESS: 425 WINTER RD		
CITY/ST/ZIP/CO: DELAWARE, OH 43015		

	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: NADEEM S. ALI		
TITLE: TREASURER		
ADDRESS: 425 WINTER RD		
CITY/ST/ZIP/CO: DELAWARE, OH 43015		

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/ GARY R. MARTZ	GARY R. MARTZ, EXEC VP/SEC	10/22/2015
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	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.