

|                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                               |
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| <div>Form 5500</div> <div>Department of the Treasury<br/>Internal Revenue Service</div> <div>Department of Labor<br/>Employee Benefits Security<br/>Administration</div> <div>Pension Benefit Guaranty Corporation</div> | <div>Annual Return/Report of Employee Benefit Plan</div> <div>This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).</div> <div>▶ Complete all entries in accordance with the instructions to the Form 5500.</div> | <div>OMB Nos. 1210-0110<br/>1210-0089</div> <div>2009</div> <div>This Form is Open to Public Inspection</div> |
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|                                                                                            |                                                                                                                                                                                                                                                                                                                   |
|--------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part I                                                                                     | Annual Report Identification Information                                                                                                                                                                                                                                                                          |
| For calendar plan year 2009 or fiscal plan year beginning 01/01/2009 and ending 12/31/2009 |                                                                                                                                                                                                                                                                                                                   |
| A                                                                                          | This return/report is for: <div><div><input type="checkbox"/> a multiemployer plan;</div><div><input checked="" type="checkbox"/> a single-employer plan;</div><div><input type="checkbox"/> a multiple-employer plan; or</div><div><input type="checkbox"/> a DFE (specify) ____</div></div>                     |
| B                                                                                          | This return/report is: <div><div><input type="checkbox"/> the first return/report;</div><div><input type="checkbox"/> the final return/report;</div><div><input type="checkbox"/> an amended return/report;</div><div><input type="checkbox"/> a short plan year return/report (less than 12 months).</div></div> |
| C                                                                                          | If the plan is a collectively-bargained plan, check here. .... ▶ <input type="checkbox"/>                                                                                                                                                                                                                         |
| D                                                                                          | Check box if filing under: <div><div><input checked="" type="checkbox"/> Form 5558;</div><div><input checked="" type="checkbox"/> automatic extension;</div><div><input type="checkbox"/> the DFVC program;</div><div><input type="checkbox"/> special extension (enter description)</div></div>                  |

|         |                                                                                                                                                                                                            |                                                                                                                                                         |
|---------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|
| Part II | Basic Plan Information—enter all requested information                                                                                                                                                     |                                                                                                                                                         |
| 1a      | Name of plan<br>MEADWESTVACO HEALTHCARE PACKAGING PR, LLC PROFIT SHARING/SAVINGS PLAN                                                                                                                      | 1b Three-digit plan number (PN) ▶ 017                                                                                                                   |
|         |                                                                                                                                                                                                            | 1c Effective date of plan<br>05/01/1994                                                                                                                 |
| 2a      | Plan sponsor's name and address (employer, if for a single-employer plan)<br>(Address should include room or suite no.)<br>MEADWESTVACO CORPORATION<br><br>501 SOUTH 5TH STREET<br>RICHMOND, VA 23219-0501 | 2b Employer Identification Number (EIN)<br>31-1797999<br>2c Sponsor's telephone number<br>804-444-1000<br>2d Business code (see instructions)<br>322200 |

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

|           |                                                   |            |                                                              |
|-----------|---------------------------------------------------|------------|--------------------------------------------------------------|
| SIGN HERE | Filed with authorized/valid electronic signature. | 10/15/2010 | ERIC LANCELLOTTI                                             |
|           | Signature of plan administrator                   | Date       | Enter name of individual signing as plan administrator       |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of employer/plan sponsor                | Date       | Enter name of individual signing as employer or plan sponsor |
| SIGN HERE |                                                   |            |                                                              |
|           | Signature of DFE                                  | Date       | Enter name of individual signing as DFE                      |

|                                                                                                                                                                                                |                                                                                                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|
| <b>3a</b> Plan administrator's name and address (if same as plan sponsor, enter "Same")<br>ERIC J. LANCELLOTTI MEADWESTVACO CORPORATION<br><br>501 SOUTH 5TH STREET<br>RICHMOND, VA 23219-0501 | <b>3b</b> Administrator's EIN<br>22-3500094<br><br><b>3c</b> Administrator's telephone number<br>804-444-7917 |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|

|                                                                                                                                                                                                                       |                                   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|
| <b>4</b> If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN and the plan number from the last return/report:<br><br><b>a</b> Sponsor's name | <b>4b</b> EIN<br><br><b>4c</b> PN |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------|

|                                                                         |          |     |
|-------------------------------------------------------------------------|----------|-----|
| <b>5</b> Total number of participants at the beginning of the plan year | <b>5</b> | 124 |
|-------------------------------------------------------------------------|----------|-----|

|                                                                                                                                                        |           |    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|
| <b>6</b> Number of participants as of the end of the plan year (welfare plans complete only lines <b>6a</b> , <b>6b</b> , <b>6c</b> , and <b>6d</b> ). |           |    |
| <b>a</b> Active participants.....                                                                                                                      | <b>6a</b> | 0  |
| <b>b</b> Retired or separated participants receiving benefits.....                                                                                     | <b>6b</b> | 0  |
| <b>c</b> Other retired or separated participants entitled to future benefits.....                                                                      | <b>6c</b> | 24 |
| <b>d</b> Subtotal. Add lines <b>6a</b> , <b>6b</b> , and <b>6c</b> .....                                                                               | <b>6d</b> | 24 |
| <b>e</b> Deceased participants whose beneficiaries are receiving or are entitled to receive benefits.....                                              | <b>6e</b> | 0  |
| <b>f</b> Total. Add lines <b>6d</b> and <b>6e</b> .....                                                                                                | <b>6f</b> | 24 |
| <b>g</b> Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item).....         | <b>6g</b> | 24 |
| <b>h</b> Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.....             | <b>6h</b> | 4  |

|                                                                                                                                      |          |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|
| <b>7</b> Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item) ..... | <b>7</b> |  |
|--------------------------------------------------------------------------------------------------------------------------------------|----------|--|

**8a** If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions:  
 2G 2J 2E

**b** If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

|                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>9a</b> Plan funding arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor | <b>9b</b> Plan benefit arrangement (check all that apply)<br>(1) <input type="checkbox"/> Insurance<br>(2) <input type="checkbox"/> Code section 412(e)(3) insurance contracts<br>(3) <input checked="" type="checkbox"/> Trust<br>(4) <input type="checkbox"/> General assets of the sponsor |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

**10** Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)

**a Pension Schedules**

- (1) ☐ **R** (Retirement Plan Information)  
 (2) ☐ **MB** (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan actuary  
 (3) ☐ **SB** (Single-Employer Defined Benefit Plan Actuarial Information) - signed by the plan actuary

**b General Schedules**

- (1) ☒ **H** (Financial Information)  
 (2) ☐ **I** (Financial Information – Small Plan)  
 (3) ☐ **A** (Insurance Information)  
 (4) ☐ **C** (Service Provider Information)  
 (5) ☐ **D** (DFE/Participating Plan Information)  
 (6) ☐ **G** (Financial Transaction Schedules)

|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              |                                               |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|
| <b>SCHEDULE H</b><br><b>(Form 5500)</b><br><br>Department of the Treasury<br>Internal Revenue Service<br><br>Department of Labor<br>Employee Benefits Security Administration<br><br>Pension Benefit Guaranty Corporation | <b>Financial Information</b><br><br>This schedule is required to be filed under section 104 of the Employee Retirement Income Security Act of 1974 (ERISA), and section 6058(a) of the Internal Revenue Code (the Code).<br><br>▶ <b>File as an attachment to Form 5500.</b> | OMB No. 1210-0110                             |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>2009</b>                                   |
|                                                                                                                                                                                                                           |                                                                                                                                                                                                                                                                              | <b>This Form is Open to Public Inspection</b> |

|                                                                                                          |                                         |            |
|----------------------------------------------------------------------------------------------------------|-----------------------------------------|------------|
| For calendar plan year 2009 or fiscal plan year beginning <u>01/01/2009</u> and ending <u>12/31/2009</u> |                                         |            |
| <b>A</b> Name of plan<br><u>MEADWESTVACO HEALTHCARE PACKAGING PR, LLC PROFIT SHARING/SAVINGS PLAN</u>    | <b>B</b> Three-digit plan number (PN) ▶ | <u>017</u> |
| <b>C</b> Plan sponsor's name as shown on line 2a of Form 5500<br><u>MEADWESTVACO CORPORATION</u>         |                                         |            |
| <b>D</b> Employer Identification Number (EIN)<br><u>31-1797999</u>                                       |                                         |            |

|               |                                      |
|---------------|--------------------------------------|
| <b>Part I</b> | <b>Asset and Liability Statement</b> |
|---------------|--------------------------------------|

**1** Current value of plan assets and liabilities at the beginning and end of the plan year. Combine the value of plan assets held in more than one trust. Report the value of the plan's interest in a commingled fund containing the assets of more than one plan on a line-by-line basis unless the value is reportable on lines 1c(9) through 1c(14). Do not enter the value of that portion of an insurance contract which guarantees, during this plan year, to pay a specific dollar benefit at a future date. **Round off amounts to the nearest dollar.** MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 1b(1), 1b(2), 1c(8), 1g, 1h, and 1i. CCTs, PSAs, and 103-12 IEs also do not complete lines 1d and 1e. See instructions.

| Assets                                                                                             |                 | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------------------------------------|-----------------|-----------------------|-----------------|
| <b>a</b> Total noninterest-bearing cash .....                                                      | <b>1a</b>       |                       |                 |
| <b>b</b> Receivables (less allowance for doubtful accounts):                                       |                 |                       |                 |
| <b>(1)</b> Employer contributions .....                                                            | <b>1b(1)</b>    | <u>4302</u>           | <u>7495</u>     |
| <b>(2)</b> Participant contributions .....                                                         | <b>1b(2)</b>    | <u>5835</u>           | <u>11986</u>    |
| <b>(3)</b> Other .....                                                                             | <b>1b(3)</b>    | <u>764</u>            | <u>72</u>       |
| <b>c</b> General investments:                                                                      |                 |                       |                 |
| <b>(1)</b> Interest-bearing cash (include money market accounts & certificates of deposit) .....   | <b>1c(1)</b>    | <u>0</u>              | <u>500</u>      |
| <b>(2)</b> U.S. Government securities .....                                                        | <b>1c(2)</b>    |                       |                 |
| <b>(3)</b> Corporate debt instruments (other than employer securities):                            |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(3)(A)</b> |                       |                 |
| <b>(B)</b> All other .....                                                                         | <b>1c(3)(B)</b> |                       |                 |
| <b>(4)</b> Corporate stocks (other than employer securities):                                      |                 |                       |                 |
| <b>(A)</b> Preferred .....                                                                         | <b>1c(4)(A)</b> |                       |                 |
| <b>(B)</b> Common .....                                                                            | <b>1c(4)(B)</b> |                       |                 |
| <b>(5)</b> Partnership/joint venture interests .....                                               | <b>1c(5)</b>    |                       |                 |
| <b>(6)</b> Real estate (other than employer real property) .....                                   | <b>1c(6)</b>    |                       |                 |
| <b>(7)</b> Loans (other than to participants) .....                                                | <b>1c(7)</b>    |                       |                 |
| <b>(8)</b> Participant loans .....                                                                 | <b>1c(8)</b>    |                       |                 |
| <b>(9)</b> Value of interest in common/collective trusts .....                                     | <b>1c(9)</b>    |                       |                 |
| <b>(10)</b> Value of interest in pooled separate accounts .....                                    | <b>1c(10)</b>   |                       |                 |
| <b>(11)</b> Value of interest in master trust investment accounts .....                            | <b>1c(11)</b>   |                       |                 |
| <b>(12)</b> Value of interest in 103-12 investment entities .....                                  | <b>1c(12)</b>   |                       |                 |
| <b>(13)</b> Value of interest in registered investment companies (e.g., mutual funds) .....        | <b>1c(13)</b>   | <u>1402007</u>        | <u>120923</u>   |
| <b>(14)</b> Value of funds held in insurance company general account (unallocated contracts) ..... | <b>1c(14)</b>   |                       |                 |
| <b>(15)</b> Other .....                                                                            | <b>1c(15)</b>   |                       |                 |

**1d** Employer-related investments:

|                                                                      |              | (a) Beginning of Year | (b) End of Year |
|----------------------------------------------------------------------|--------------|-----------------------|-----------------|
| (1) Employer securities .....                                        | <b>1d(1)</b> |                       |                 |
| (2) Employer real property .....                                     | <b>1d(2)</b> |                       |                 |
| <b>e</b> Buildings and other property used in plan operation .....   | <b>1e</b>    |                       |                 |
| <b>f</b> Total assets (add all amounts in lines 1a through 1e) ..... | <b>1f</b>    | 1412908               | 140976          |

**Liabilities**

|                                                                           |           |   |   |
|---------------------------------------------------------------------------|-----------|---|---|
| <b>g</b> Benefit claims payable .....                                     | <b>1g</b> |   |   |
| <b>h</b> Operating payables .....                                         | <b>1h</b> |   |   |
| <b>i</b> Acquisition indebtedness .....                                   | <b>1i</b> |   |   |
| <b>j</b> Other liabilities .....                                          | <b>1j</b> |   |   |
| <b>k</b> Total liabilities (add all amounts in lines 1g through 1j) ..... | <b>1k</b> | 0 | 0 |

**Net Assets**

|                                                           |           |         |        |
|-----------------------------------------------------------|-----------|---------|--------|
| <b>l</b> Net assets (subtract line 1k from line 1f) ..... | <b>1l</b> | 1412908 | 140976 |
|-----------------------------------------------------------|-----------|---------|--------|

**Part II Income and Expense Statement**

**2** Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

**Income****a Contributions:**

|                                                                                                            |                 | (a) Amount | (b) Total |
|------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| (1) Received or receivable in cash from: <b>(A)</b> Employers .....                                        | <b>2a(1)(A)</b> | 58024      |           |
| <b>(B)</b> Participants .....                                                                              | <b>2a(1)(B)</b> | 98053      |           |
| <b>(C)</b> Others (including rollovers) .....                                                              | <b>2a(1)(C)</b> | 500        |           |
| (2) Noncash contributions .....                                                                            | <b>2a(2)</b>    |            |           |
| (3) Total contributions. Add lines <b>2a(1)(A)</b> , <b>(B)</b> , <b>(C)</b> , and line <b>2a(2)</b> ..... | <b>2a(3)</b>    |            | 156577    |

**b Earnings on investments:****(1) Interest:**

|                                                                                                      |                 |  |   |
|------------------------------------------------------------------------------------------------------|-----------------|--|---|
| <b>(A)</b> Interest-bearing cash (including money market accounts and certificates of deposit) ..... | <b>2b(1)(A)</b> |  |   |
| <b>(B)</b> U.S. Government securities .....                                                          | <b>2b(1)(B)</b> |  |   |
| <b>(C)</b> Corporate debt instruments .....                                                          | <b>2b(1)(C)</b> |  |   |
| <b>(D)</b> Loans (other than to participants) .....                                                  | <b>2b(1)(D)</b> |  |   |
| <b>(E)</b> Participant loans .....                                                                   | <b>2b(1)(E)</b> |  |   |
| <b>(F)</b> Other .....                                                                               | <b>2b(1)(F)</b> |  |   |
| <b>(G)</b> Total interest. Add lines <b>2b(1)(A)</b> through <b>(F)</b> .....                        | <b>2b(1)(G)</b> |  | 0 |

|                                                                                           |                 |       |       |
|-------------------------------------------------------------------------------------------|-----------------|-------|-------|
| (2) Dividends: <b>(A)</b> Preferred stock .....                                           | <b>2b(2)(A)</b> |       |       |
| <b>(B)</b> Common stock .....                                                             | <b>2b(2)(B)</b> | 11423 |       |
| <b>(C)</b> Registered investment company shares (e.g. mutual funds) .....                 | <b>2b(2)(C)</b> |       |       |
| <b>(D)</b> Total dividends. Add lines <b>2b(2)(A)</b> , <b>(B)</b> , and <b>(C)</b> ..... | <b>2b(2)(D)</b> |       | 11423 |

|                 |              |  |  |
|-----------------|--------------|--|--|
| (3) Rents ..... | <b>2b(3)</b> |  |  |
|-----------------|--------------|--|--|

|                                                                                           |                 |         |         |
|-------------------------------------------------------------------------------------------|-----------------|---------|---------|
| (4) Net gain (loss) on sale of assets: <b>(A)</b> Aggregate proceeds .....                | <b>2b(4)(A)</b> | 1625073 |         |
| <b>(B)</b> Aggregate carrying amount (see instructions) .....                             | <b>2b(4)(B)</b> | 1833483 |         |
| <b>(C)</b> Subtract line <b>2b(4)(B)</b> from line <b>2b(4)(A)</b> and enter result ..... | <b>2b(4)(C)</b> |         | -208410 |

|                                                                                                   |                 | (a) Amount | (b) Total |
|---------------------------------------------------------------------------------------------------|-----------------|------------|-----------|
| <b>2b</b> (5) Unrealized appreciation (depreciation) of assets: (A) Real estate.....              | <b>2b(5)(A)</b> |            |           |
| (B) Other .....                                                                                   | <b>2b(5)(B)</b> | 248703     |           |
| (C) Total unrealized appreciation of assets.<br>Add lines <b>2b(5)(A)</b> and <b>(B)</b> .....    | <b>2b(5)(C)</b> |            | 248703    |
| (6) Net investment gain (loss) from common/collective trusts .....                                | <b>2b(6)</b>    |            |           |
| (7) Net investment gain (loss) from pooled separate accounts .....                                | <b>2b(7)</b>    |            |           |
| (8) Net investment gain (loss) from master trust investment accounts .....                        | <b>2b(8)</b>    |            |           |
| (9) Net investment gain (loss) from 103-12 investment entities .....                              | <b>2b(9)</b>    |            |           |
| (10) Net investment gain (loss) from registered investment<br>companies (e.g., mutual funds)..... | <b>2b(10)</b>   |            |           |
| <b>c</b> Other income.....                                                                        | <b>2c</b>       |            |           |
| <b>d</b> Total income. Add all <b>income</b> amounts in column (b) and enter total.....           | <b>2d</b>       |            | 208293    |

**Expenses**

|                                                                                            |              |         |         |
|--------------------------------------------------------------------------------------------|--------------|---------|---------|
| <b>e</b> Benefit payment and payments to provide benefits:                                 |              |         |         |
| (1) Directly to participants or beneficiaries, including direct rollovers .....            | <b>2e(1)</b> | 1480225 |         |
| (2) To insurance carriers for the provision of benefits .....                              | <b>2e(2)</b> |         |         |
| (3) Other .....                                                                            | <b>2e(3)</b> |         |         |
| (4) Total benefit payments. Add lines <b>2e(1)</b> through <b>(3)</b> .....                | <b>2e(4)</b> |         | 1480225 |
| <b>f</b> Corrective distributions (see instructions) .....                                 | <b>2f</b>    |         |         |
| <b>g</b> Certain deemed distributions of participant loans (see instructions).....         | <b>2g</b>    |         |         |
| <b>h</b> Interest expense.....                                                             | <b>2h</b>    |         |         |
| <b>i</b> Administrative expenses: (1) Professional fees .....                              | <b>2i(1)</b> |         |         |
| (2) Contract administrator fees .....                                                      | <b>2i(2)</b> |         |         |
| (3) Investment advisory and management fees .....                                          | <b>2i(3)</b> |         |         |
| (4) Other .....                                                                            | <b>2i(4)</b> |         |         |
| (5) Total administrative expenses. Add lines <b>2i(1)</b> through <b>(4)</b> .....         | <b>2i(5)</b> |         | 0       |
| <b>j</b> Total expenses. Add all <b>expense</b> amounts in column (b) and enter total..... | <b>2j</b>    |         | 1480225 |

**Net Income and Reconciliation**

|                                                                               |              |  |          |
|-------------------------------------------------------------------------------|--------------|--|----------|
| <b>k</b> Net income (loss). Subtract line <b>2j</b> from line <b>2d</b> ..... | <b>2k</b>    |  | -1271932 |
| <b>l</b> Transfers of assets:                                                 |              |  |          |
| (1) To this plan.....                                                         | <b>2l(1)</b> |  |          |
| (2) From this plan .....                                                      | <b>2l(2)</b> |  |          |

**Part III Accountant's Opinion**

**3** Complete lines 3a through 3c if the opinion of an independent qualified public accountant is attached to this Form 5500. Complete line 3d if an opinion is not attached.

**a** The attached opinion of an independent qualified public accountant for this plan is (see instructions):

(1) ☐ Unqualified (2) ☐ Qualified (3) ☒ Disclaimer (4) ☐ Adverse

**b** Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.103-8 and/or 103-12(d)? ☒ Yes ☐ No

**c** Enter the name and EIN of the accountant (or accounting firm) below:

(1) Name: VALDES, GARCIA, MARIN/MARTINEZ LLP

(2) EIN: 66-0345595

**d** The opinion of an independent qualified public accountant is **not attached** because:

(1) ☐ This form is filed for a CCT, PSA, or MTIA. (2) ☐ It will be attached to the next Form 5500 pursuant to 29 CFR 2520.104-50.

**Part IV Compliance Questions**

- 4** CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4f, 4g, 4h, 4k, 4m, 4n, or 5. 103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.

During the plan year:

|                                                                                                                                                                                                                                                                                                                 | Yes                                 | No                                  | Amount   |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|-------------------------------------|----------|
| <b>a</b> Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.).....                 | <input checked="" type="checkbox"/> |                                     | 11986    |
| <b>b</b> Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)..... |                                     | <input checked="" type="checkbox"/> |          |
| <b>c</b> Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.) .....                                                                                                                            |                                     | <input checked="" type="checkbox"/> |          |
| <b>d</b> Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.).....                                                                                                                  |                                     | <input checked="" type="checkbox"/> |          |
| <b>e</b> Was this plan covered by a fidelity bond?.....                                                                                                                                                                                                                                                         | <input checked="" type="checkbox"/> |                                     | 25000000 |
| <b>f</b> Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty? .....                                                                                                                                                                         |                                     | <input checked="" type="checkbox"/> |          |
| <b>g</b> Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                                      |                                     | <input checked="" type="checkbox"/> |          |
| <b>h</b> Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser? .....                                                                                                                            |                                     | <input checked="" type="checkbox"/> |          |
| <b>i</b> Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.).....                                                                                                                                                   | <input checked="" type="checkbox"/> |                                     |          |
| <b>j</b> Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.).....                                                                                    | <input checked="" type="checkbox"/> |                                     |          |
| <b>k</b> Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?.....                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>l</b> Has the plan failed to provide any benefit when due under the plan? .....                                                                                                                                                                                                                              |                                     | <input checked="" type="checkbox"/> |          |
| <b>m</b> If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.).....                                                                                                                                                                                     |                                     |                                     |          |
| <b>n</b> If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3. ....                                                                                                                        |                                     |                                     |          |

- 5a** Has a resolution to terminate the plan been adopted during the plan year or any prior plan year?  
If yes, enter the amount of any plan assets that reverted to the employer this year ..... ☐ Yes ☒ No Amount:

- 5b** If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the plan(s) to which assets or liabilities were transferred. (See instructions.)

| 5b(1) Name of plan(s) | 5b(2) EIN(s) | 5b(3) PN(s) |
|-----------------------|--------------|-------------|
|                       |              |             |
|                       |              |             |
|                       |              |             |
|                       |              |             |

# VALDES, GARCIA, MARIN & MARTINEZ, LLP

CERTIFIED PUBLIC ACCOUNTANTS AND CONSULTANTS  
MEMBER OF THE AICPA PRIVATE COMPANIES PRACTICE SECTION

P.O. Box 364831  
SAN JUAN, P.R. 00936-4831

TELEPHONE: (787) 725-1600  
TELEFAX: (787) 721-2795

To the Participants and Administrator  
of MeadWestvaco Healthcare Packaging  
Puerto Rico, LLC Profit Sharing and  
Savings Plan

## INDEPENDENT AUDITORS' REPORT

We were engaged to audit the statement of assets available for benefits of MeadWestvaco Healthcare Packaging Puerto Rico, LLC Profit Sharing and Savings Plan (the Plan) as of December 31, 2008. In addition, we were engaged to audit the statement of assets in liquidation available for benefits as of December 31, 2009, the related statement of changes in assets in liquidation available for benefits for the year ended December 31, 2009 and the supplemental schedules as of and for the year then ended. These financial statements and schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the Plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information indicated in Note 9 which was certified by Banco Popular de Puerto Rico, the trustee of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the Plan administrator that the trustee holds the Plan's investment assets and executes investment transactions. The Plan administrator has obtained a certification from the trustee as of and for the years ended December 31, 2009 and 2008, that the information provided to the Plan administrator by the trustee is complete and accurate.

Because of the significance of the information in the Plan's financial statements and schedules that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and schedules taken as a whole. The form and content of the information included in the financial statements and schedules, other than that derived from the information certified by the trustee, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

As described in Note 1 to the financial statements, the Plan's sponsor ceased permanently the operations of the Puerto Rico plant on July 15, 2009 and decided to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts in which investments are stated, from the ongoing plan basis to the liquidation basis for periods after July 15, 2009.

*Valdes, Garcia, Marin & Martinez, LLP*

San Juan, Puerto Rico  
October 7, 2010

Stamp 2566385 was affixed  
to the original.

**MEADWESTVACO HEALTHCARE  
PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN**

**AUDITORS' REPORT AND  
FINANCIAL STATEMENTS**

**DECEMBER 31, 2009 AND 2008**

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

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Note:

Other schedules required by Section 2520.103-10 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974 ("ERISA") have been omitted because they are not applicable.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

STATEMENTS OF ASSETS AVAILABLE FOR BENEFITS

ASSETS

|                                     | December 31,<br><u>2009</u><br>(in liquidation<br>basis) | <u>2008</u>         |
|-------------------------------------|----------------------------------------------------------|---------------------|
| Investments, at fair value          | \$ 120,923                                               | \$ 1,402,007        |
| Time deposit open account           | <u>500</u>                                               | <u>-</u>            |
|                                     | <u>121,423</u>                                           | <u>1,402,007</u>    |
| Accounts receivable                 |                                                          |                     |
| Participants' contributions         | 11,986                                                   | 5,835               |
| Employer's contributions            | 7,495                                                    | 4,302               |
| Interest receivable                 | <u>72</u>                                                | <u>764</u>          |
| Total receivables                   | <u>19,553</u>                                            | <u>10,901</u>       |
| Total assets available for benefits | <u>\$ 140,976</u>                                        | <u>\$ 1,412,908</u> |

See accompanying notes to financial statements.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

STATEMENT OF CHANGES IN ASSETS IN LIQUIDATION AVAILABLE FOR BENEFITS  
FOR THE YEAR ENDED DECEMBER 31, 2009

Additions:

Investment activity:

|                                               |               |
|-----------------------------------------------|---------------|
| Net appreciation in fair value of investments | \$ 40,293     |
| Interest and dividend income                  | <u>11,423</u> |
|                                               | <u>51,716</u> |

Contributions:

|              |                |
|--------------|----------------|
| Participants | 98,053         |
| Employer     | 58,024         |
| Other        | <u>500</u>     |
|              | <u>156,577</u> |

Total additions 208,293

Deductions:

Benefits paid to participants 1,480,225

Net decrease in assets in liquidation available for benefits (1,271,932)

Assets available for benefits, at beginning of year 1,412,908

Assets in liquidation available for benefits, at end of year \$ 140,976

See accompanying notes to financial statements.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS  
DECEMBER 31, 2009 AND 2008

NOTE 1 DESCRIPTION OF THE PLAN

The following brief description of MeadWestvaco Healthcare Packaging Puerto Rico, LLC Profit Sharing and Savings Plan (the "Plan") is provided for general information purposes only. Participants should refer to the Plan agreement for a complete description of the Plan's provisions.

General

The Plan was established on May 1, 1994 as a profit sharing plan containing a cash or deferred arrangement to provide benefits upon retirement, disability or death to participating employees or beneficiaries of MeadWestvaco Healthcare Packaging Puerto Rico, LLC (the "Company"). The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 ("ERISA"). The Plan is administered by the Company or such other person(s) appointed by the Board of Directors to act as such.

Eligibility

Employees are eligible to become a participant in the Plan upon the entry date coincident with or immediately following the employee's employment commencement date.

Contributions

The participants of the Plan may contribute the lesser of 10% of their annual compensation or \$9,000, on a pre-tax basis, and from 1% to 16% of their annual pay on an after-tax basis. The combination of pre-tax and after-tax contributions for any participant shall not be less than 1% nor exceed 16% of their compensation for the plan year.

The Company's matching contribution is 100% of the sum of the participant's pre-tax and after-tax contributions up to a maximum of 3% of the participant's compensation plus 50% of the sum of the participant's pre-tax and after-tax contributions, to the extent such contributions exceed 3% of the participant's compensation and do not exceed 5% of the participant's compensation. The employer at his discretion may contribute additional amounts to the Plan as a profit sharing contribution. Such additional contributions are subject to the discriminatory test results. The Company did not make profit sharing contributions in 2009.

Participants' Accounts

Individual accounts are maintained for each of the Plan's participants to reflect the participant's contributions as well as the participant's share of the Plan's income and any related expenses. Allocations are based on the proportion that each participant's account balance bears to the total of all participant account balances.

(Continues)

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 1 DESCRIPTION OF THE PLAN (CONTINUED)

Vesting

Normal retirement age is 65 years. Participants are immediately vested in their contributions, the Company's matching contributions and rollover contributions plus actual earnings thereon. The participant's right to the Company's profit sharing contributions is determined as follows:

| <u>Years of<br/>Service</u> | <u>Vesting<br/>Percentage</u> |
|-----------------------------|-------------------------------|
| Less than 5                 | 0%                            |
| 5 or more                   | 100%                          |

Forfeitures

At December 31, 2009 and 2008, forfeited nonvested accounts totaled \$13,967 and \$13,947, respectively. The amount in the forfeiture account will be distributed among Plan participants when the Plan terminates.

Payment of Benefits

On termination of service due to death, disability, or retirement, a participant may elect to receive either a lump-sum amount equal to the value of the participant's vested interest in his or her account, or equal annual installments continuing over a period not to exceed ten years. For termination of service for other reasons, a participant may receive the value of the vested interest in his or her account as a lump-sum distribution.

Plan termination

On March 18, 2009, MeadWestvaco Healthcare Packaging Puerto Rico, LLC, the Plan's sponsor, communicated to the employees that the Company will cease permanently the operations of the Puerto Rico plant. Plan's sponsor closed its Puerto Rico operations on July 15, 2009. As per Plan provisions, when the Plan terminates all affected participants are immediately fully vested in their accounts.

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Basis of Accounting

The Plan's sponsor ceased permanently the operations of the Puerto Rico plant on July 15, 2009 and decided to terminate the Plan. In accordance with accounting principles generally accepted in the United States of America, the Plan has changed its basis of accounting used to determine the amounts at which investments are stated, from the ongoing plan basis to the liquidation basis for periods after July 15, 2009.

(Continues)

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 2 SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES (CONTINUED)

Use of Estimates

The preparation of the Plan's financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Management believes that those estimates are adequate. Actual results could differ from those estimates.

Investment Valuation and Income Recognition

The Plan's investments are stated at fair value, as reported by the trustee. Quoted market prices are used to value investments. Shares of mutual funds are valued at the net assets value of shares held by the Plan at year-end. Purchases and sales of securities are recorded on a trade-date basis.

The Plan presents on the statement of changes in assets in liquidation available for benefits the net appreciation or depreciation in the fair value of investments which consists of the realized gains or losses on investments and the unrealized appreciation or depreciation on them. Interest income is recorded on the accrual basis. Dividends are recorded on the declaration date.

Contributions

Employee and Company matching contributions are recorded in the plan year in which the Company makes the payroll deductions from the participants' earnings.

Payment of Benefits

Benefits are generally recorded when paid.

Administrative Expenses

All administrative expenses of the Plan are paid by the Company.

Subsequent Events

The Plan's Administration has evaluated events and transactions for potential recognition or disclosures through October 7, 2010, the date the financial statements were issued.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 3 INVESTMENTS

The following presents investments that represent 5% or more of the Plan's assets as of December 31, 2009 and 2008, obtained from data prepared and certified as complete and accurate by the trustee of the Plan:

|                                                                                  | <u>2009</u>       | <u>2008</u>        |
|----------------------------------------------------------------------------------|-------------------|--------------------|
| <b>Investment in funds of Federated Investors, Inc.</b>                          |                   |                    |
| Federated Stock Fund, 787 and 11,483 units, respectively                         | \$ 16,141         | \$ 201,866         |
| Federated Stock and Bond Fund, 555 and 10,698 units, respectively                | 8,854             | 143,461            |
| Federated Growth Strategies Fund, 428 and 13,934 units, respectively             | 12,611            | 314,774            |
| Federated U.S. Government Bond Fund, 2,217 and 15,228 units, respectively        | 23,057            | 194,014            |
| Trust for U.S. Treasury Obligations Fund, 19,100 and 303,623 units, respectively | 19,100            | 303,623            |
| Federated Government Obligations Fund, 41,160 and 244,269 units, respectively    | <u>41,160</u>     | <u>244,269</u>     |
|                                                                                  | <u>\$ 120,923</u> | <u>\$1,402,007</u> |

As of August 31, 2010, the investments in mutual funds have an outstanding balance of \$31,380.

During the years ended December 31, 2009 and 2008, the Plan's investments (including gains and losses on investments bought and sold, as well as held during the year) appreciated (depreciated) in value, as follows:

|                                               | <u>2009</u>      | <u>2008</u>         |
|-----------------------------------------------|------------------|---------------------|
| Federated Stock Fund                          | \$ 17,693        | \$ (99,055)         |
| Federated Stock and Bond Fund                 | 16,369           | (42,934)            |
| Federated Growth Strategies Fund              | 32,710           | (150,840)           |
| Federated U.S. Government Bond Fund           | <u>(26,479)</u>  | <u>26,832</u>       |
| Net appreciation (depreciation) in fair value | <u>\$ 40,293</u> | <u>\$ (265,997)</u> |

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 4 FAIR VALUE MEASUREMENTS

The Plan's investments are reported at fair value in the accompanying statements of assets in liquidation available for benefits, as follows:

|                          |                    | Fair Value<br>Measurement<br>Using:<br>Quoted prices<br>in Active<br>Markets for<br>Identical<br>Assets<br>(Level 1) |
|--------------------------|--------------------|----------------------------------------------------------------------------------------------------------------------|
| <u>December 31, 2009</u> | <u>Fair Value</u>  |                                                                                                                      |
| Mutual Funds             | <u>\$ 120,923</u>  | <u>\$ 120,923</u>                                                                                                    |
| <u>December 31, 2008</u> |                    |                                                                                                                      |
| Mutual Funds             | <u>\$1,402,007</u> | <u>\$1,402,007</u>                                                                                                   |

ASC No. 820-Fair Value Measurements and Disclosures establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. This hierarchy consists of three broad levels: Level 1 inputs consist of unadjusted quoted prices in active markets for identical assets and have the highest priority, and Level 3 inputs have the lowest priority. The Plan uses appropriate valuation techniques based on the available inputs to measure the fair value of the investments. When available, the Plan measures fair value using Level 1 inputs because they generally provide the most reliable evidence of fair value. No Level 2 inputs and Level 3 inputs were available to the Plan.

**Level 1 Fair Value Measurements**

The fair value of mutual funds is based on quoted net assets values of the shares held by the Plan at year-end.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 5 TAX STATUS

The former plan received a determination letter dated August 31, 1994, in which the Puerto Rico Treasury Department (the "PRTD") stated that the plan was a qualified plan under the provisions of Section 1165 (a) of the Puerto Rico Income Tax Act of 1954. The Plan received another determination letter dated July 6, 2004 as part of several amendments to the plan document, in which the PRTD stated that the Plan was also qualified and, therefore, exempt from income taxes. The Plan Administrator believes that the Plan is designed and is currently being operated in compliance with the applicable requirements of the income tax law. Therefore, no provision for income taxes has been included in the Plan's financial statements.

NOTE 6 CONTINGENCY

During 2004, the Company did not consider vacation payments nor safety awards as part of eligible compensation. As a result, certain employees were precluded from both making participant contributions and receiving matching contributions related to such payments.

The Company presented a plan to the PRTD for correcting these matters after the year ended 2004. The corrective contribution, adjusted for earnings, has been estimated at approximately \$630 as of December 31, 2009 and 2008. These amounts have been properly accrued in the accompanying financial statements.

The Company, based on the advice of its legal counsel, is of the opinion that this matter will not result in the disqualification of the Plan with the PRTD or result in violations of ERISA to the extent the corrective plan is approved by that government agency and followed by the Company.

NOTE 7 PARTY-IN-INTEREST TRANSACTIONS

During 2009, the Plan sponsor did not remit certain participant contributions to the Plan on a timely manner, as required by ERISA. These contributions are considered non-exempt party-in-interest transactions.

The Plan sponsor intends to compensate participants for any lost interest resulting from the delay in contributions. Management estimates that lost income associated with the delay in contributions amounts to \$764 in 2009 (\$109 in 2008). These non-exempt transactions do not affect the tax status determination of the Plan.

NOTE 8 TRUST AGREEMENT

The Plan entered into a trust agreement effective June 17, 1994 with Banco Popular de Puerto Rico for managing and administering the Plan's investments.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

NOTES TO FINANCIAL STATEMENTS

NOTE 9 FINANCIAL DATA CERTIFIED BY THE TRUSTEE

Banco Popular de Puerto Rico, as trustee of the Plan, has certified the completeness and accuracy of the following financial data included in the financial statements and the schedule of assets: investments and corresponding fair values, net appreciation (depreciation) in fair value of investments, interest and dividend income and number of units.

NOTE 10 RISKS AND UNCERTAINTIES

The Plan's investments are exposed to various risks, such as interest rate, market and credit risks. Due to the level of risk associated with certain investments and the level of uncertainty related to changes in the values of investments, it is at least reasonably possible that changes in these factors in the near term would materially affect participants' account balances and the amounts reported in the statements of assets in liquidation available for benefits and the statement of changes in assets in liquidation available for benefits.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

SCHEDULE H, LINE 4I-SCHEDULE OF ASSETS (HELD AT END OF YEAR)  
DECEMBER 31, 2009

| (a) (b) Identity of issue,<br>borrower, lessor or similar<br>party | (c) Description of investment including maturity date, rate<br>of interest, collateral, par or maturity value | (d) Cost | (e) Fair<br>Value |
|--------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------|----------|-------------------|
| Federal Investors, Inc.                                            | Federated Stock Fund, 787 units                                                                               | **       | \$ 16,141         |
| Federal Investors, Inc.                                            | Federated Stock and Bond Fund, 555 units                                                                      | **       | 8,854             |
| Federal Investors, Inc.                                            | Federated Growth Strategies Fund, 428 units                                                                   | **       | 12,611            |
| Federal Investors, Inc.                                            | Federated U.S. Government Bond Fund, 2,217 units                                                              | **       | 23,057            |
| Federal Investors, Inc.                                            | Trust for U.S. Treasury Obligations Fund, 19,100 units                                                        | **       | 19,100            |
| Federal Investors, Inc.                                            | Federated Government Obligations Fund, 41,160 units                                                           | **       | 41,160            |
| * Banco Popular de Puerto Rico                                     | Time Deposit open account                                                                                     | **       | <u>500</u>        |
|                                                                    |                                                                                                               |          | <u>\$ 121,423</u> |

The information in this schedule has been certified as to its completeness and accuracy by Banco Popular de Puerto Rico, the trustee.

\* Indicates party in interest to the Plan.

\*\* Cost is not required for participant directed investments.

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

SCHEDULE H, LINE 4A - SCHEDULE OF DELINQUENT PARTICIPANT CONTRIBUTIONS  
FOR THE YEAR ENDED DECEMBER 31, 2009

|                                                                                       |                                                                     |                                      |                                          |                                                  |
|---------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------|------------------------------------------|--------------------------------------------------|
| Participant Contributions Transferred Late to Plan                                    | Total that Constitute Nonexempt Prohibited Transactions<br>\$11,986 |                                      |                                          | Total Fully Corrected Under VFCP and PTE 2002-51 |
| Check here if Late Participant Loan Repayments are included: <input type="checkbox"/> | Contributions Not Corrected                                         | Contributions Corrected Outside VFCP | Contributions Pending Correction in VFCP |                                                  |
|                                                                                       | \$ -                                                                | \$ 11,986                            | \$ -                                     | \$ -                                             |

MEADWESTVACO HEALTHCARE PACKAGING PUERTO RICO, LLC  
PROFIT SHARING AND SAVINGS PLAN

SCHEDULE H, LINE 4J - SCHEDULE OF REPORTABLE TRANSACTIONS

Series of transactions by issue in excess of five percent of assets  
FOR THE YEAR ENDED DECEMBER 31, 2009

| (a)<br>Identity of Party Involved | (b)<br>Description<br>of Asset                  | (c)<br>Purchase Price | (d)<br>Selling Price | (e)<br>Cost of Asset | (h)<br>Current<br>Value of<br>Asset on<br>Transaction<br>Date |            | (i)<br>Net Gain<br>(Loss) |
|-----------------------------------|-------------------------------------------------|-----------------------|----------------------|----------------------|---------------------------------------------------------------|------------|---------------------------|
|                                   |                                                 |                       |                      |                      |                                                               |            |                           |
| Federal Investors, Inc.           | Federated<br>Investors,<br>Inc. Stock<br>Trust  | \$ 20,327             | \$ 223,745           | \$ 20,327            | \$ 20,327                                                     | \$ 223,745 | \$ -<br>(118,250)         |
| Federal Investors, Inc.           | Federated<br>Stock &<br>Bond Fund               | \$ 11,579             | \$ 162,556           | \$ 11,579            | \$ 11,579                                                     | \$ 162,556 | \$ -<br>(31,346)          |
| Federal Investors, Inc.           | Federated<br>Investors,<br>Inc. Growth<br>Fund  | \$ 20,960             | \$ 355,832           | \$ 20,960            | \$ 20,960                                                     | \$ 355,832 | \$ -<br>(56,822)          |
| Federal Investors, Inc.           | Federated<br>U.S. Gvt.<br>Bond                  | \$ 16,120             | \$ 160,599           | \$ 16,120            | \$ 16,120                                                     | \$ 160,599 | \$ -<br>(2,058)           |
| Federal Investors, Inc.           | Federated<br>Trust US<br>Treasury<br>Obligation | \$ 35,542             | \$ 320,065           | \$ 35,542            | \$ 35,542                                                     | \$ 320,065 | \$ -<br>66                |
| Federal Investors, Inc.           | Federated<br>Government<br>Obligations          | \$ 199,167            | \$ 402,276           | \$ 199,167           | \$ 199,167                                                    | \$ 402,276 | \$ -<br>-                 |

Note: Columns "e" (Lease Rental), and "f" (Expense incurred with Transaction), have been excluded because they are not applicable.

The above information was derived from data certified as accurate and complete by Banco Popular de Puerto Rico, the Trustee.

► For Privacy Act and Paperwork Reduction Act Notice, see instructions on page 3.

File With IRS Only

## Form 5558 (Rev. 1-2008)