U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 ENII LOTEK IIV.	LOKIV	IATIO	IN INE	OKI	EEO-	COM	IONE	1111)				Expir	ation Dat	e: 08/31/	/2024
				TION A							•				
			C	CONSO	LIDATE	ED REP	ORT								
		SEC	TION I	3 – EMI	PLOYE	R IDEN									
OFS COMPANY ID						CEAL		OYER N		TON					
6263512						SEAL		R CORI		ION					
ADDRESS							C	ITY/TOV	VN			STATE		ZIP CC	DDE
2415 CASCADE POINT	E BOL	JLEVA	RD				CH	IARLO1	ITE			NC		2820	08
SECTION C - HI	EADQU	JARTE	RS OR	ESTAI								able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEAD(QUARTE	RS OR E	STABLIS	SHMEN	Γ-LEVEL	NAME				
HEADQUARTERS OR ESTABLISHMI	ENT-LEV	VEL ADI	DRESS				C	ITY/TOV	VN			STATE		ZIP CC	DDE
	SECTI	ON D -	- EMPl	LOYER	IDEN'	ΓΙΓΙCA	TION N	UMBE	R (EIN	D)	•				
					221682										
				-EMPL											
X YES (Employer Is Eligible	to File)	□ NO	(Empl	oyer Is N	Not Elig	ible to F	ile) 🔲	EMPL	OYER	NO LO	IGER I	IN BUS	INESS		
SEC	CTION			L CON					if applic	able)					
			-	ntity ID (
☐ YES (Single-Establishm	ent Emp	oloyer is	Federa	ıl Contra	ctor) 🔀	YES (Multi-Es	stablishn	nent Em	ployer is	Federa	l Contra	ctor)		
X YES (I	Ieadaua	rters is	Federal	Contrac	tor)	YES (N	Ion-Hea	dauarter	s Establ	ishment	is Feder	ral Contr	actor)		
3 (-								•		s Federa			,		
				ON G -					iments i	s reuera	Conu	actor)			
) - Office											
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				an		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	
JOB CATEGORIES		Φ		Black or African American	_	ija Isla	nerican Indian Alaska Native	8		or eric	_	ija Isla	nerican Indian Alaska Native	S.	Row Total
	Male	Jak	White	ij. A	Asian	ic	S E	ore	White	k c	Asian	ic	Na Na	ore	Total
	ž	Female	₹	ck or Afric American	Asi	Ha aci	San	Ž	₹	Black or	As	aci Ha	can ska	Š	
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Executive/Senior Level Officials and Managers	2	1	24	1	3	0	0	0	9	2	1	0	0	0	43
First/Mid-Level Officials and Managers	23	13	403	18	19	1	2	5	114	11	8	0	0	3	620
Professionals Technicians	35 40	20 9	450 257	31 21	65 7	0	2	9	189 46	22 7	34 7	0	0	7	866 402
Sales Workers	14	0	187	5	3	1	1	1	23	2	2	0	1	1	241
Administrative Support Workers	18	25	106	23	2	0	1	1	174	40	1	0	0	9	400
Craft Workers Operatives	50 497	0 219	427 1633	37 608	15 58	7	2 18	5 52	11 345	217	1 17	1	2	0 15	550 3689
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	679	287	3487	744	172	11	28	78	911	302	71	1	4	36	6811
PRIOR 2021 REPORTING YEAR TOTAL					<u></u>			L							
	1	SECTI	UN I –	WORK 12/25/2		E SNAP 12/31/20		PERIO	D						
SECTION J	– HEA	DOHAI	RTERS					VEL CO)MMF	NTS (on	tional)				
Not Applicable										(-P	/				

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

SECTION K - OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID OFS COMPANY ID 6263512 ADDRESS ADDRESS CITY/TOWN CHARLOTTE NC 28208

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION 11/22/2023 12:39 PM [EST]

EMPLOYER'S CERTIFYING OFFICIAL

Name of Employer's Certifying Official	Title of Certifying Official
James McIlroy	Executive Director - Global People Services
Email Address of Certifying Official	Telephone Number of Certifying Official

Email Address of Certifying Official	Telephone Number of Certifying Official
james.l.mcilroy@sealedair.com	940-235-2454
PRIMARY POINT OF CONTACT (POC) I	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
James McIlroy	Executive Director - Global People Services
	Sealed Air Corporation
Email Address of Primary POC	Telephone Number of Primary POC
james.l.mcilroy@sealedair.com	940-235-2454

	LOYMENT OPPORTUNITY COMMISSION (EEOC) INFORMATION REPORT (EEO-1 COMPONENT 1) Revised 08/2023 OMB Control Number: 3046 Expiration Date: 08/31/20 SECTION A – TYPE OF REPORT														
			-		- TYPE ARTER	-	-				•				
		SECT	ION B – I	EMPI	LOYER	IDEN									
OFS COMPANY ID 6263512						SEAL	EMPL ED AIF	OYER N		ION					
ADDRESS							Cl	TY/TOW	/N			STATE		ZIP CO	DE
2415 CASCADE POIN	TE BOUL	EVAR	2D				CH	ARLO1	TE			NC		2820)8
SECTION C - H	EADQUA	RTE	RS OR ES									ble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID				F	HEADQU	JARTE	RS OR ES	STABLIS	HMENT	T-LEVEL	NAME				
6263512						SEAL	ED AIF	CORF	PORAT	ION					
HEADQUARTERS OR ESTABLISHM	ENT-LEVE														DE
2415 CASCADE POIN	TE BOUL)8	
	SECTIO	N D -	EMPLO		DENT		TION N	UMBE	R (EIN)	•		•		
X YES (Employer Is Eligible		-	ON E – EN (Employe	_			_			NO LON	IGER I	N BUSI	NESS		
SE	CTION F		DERAL C que Entity						f applic	able)					
☐ YES (Single-Establishn	nent Emplo	oyer is	Federal Co	ontract	tor) 🗶	YES (I	Multi-Es	tablishn	ent Em	ployer is	Federal	Contra	ctor)		
X YES (Headquart	ers is F	Federal Co	ntracto	or) \square	YES (N	Ion-Head	lauarter	s Establ	ishment i	s Feder	al Contr	actor)		
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			ECTION (61110 - (
	SEC		H – WO						TA						
							Race/E	thnicity	/						
	Hispa						Not	Hispan	ic or L	atino					
	or Lat	ino		1	Ma	ile	l			1	Fen	nale			
JOB CATEGORIES		4)	rican	<u>_</u>		iian or Slander	dian or tive	Races		ır erican		iian or slander	dian or Itive	Races	Row

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale		-			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	2	1	24	1	3	0	0	0	9	2	1	0	0	0	43
First/Mid-Level Officials and Managers	8	7	123	10	10	0	1	2	56	2	3	0	0	3	225
Professionals	14	14	206	21	46	0	1	5	114	19	29	0	1	4	474
Technicians	0	0	19	4	1	0	0	0	1	0	2	0	0	0	27
Sales Workers	0	0	16	1	0	0	0	0	7	0	0	0	0	0	24
Administrative Support Workers	2	9	9	12	0	0	0	0	62	24	0	0	0	7	125
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	26	31	399	49	60	0	2	7	249	47	35	0	1	14	920
PRIOR 2021 REPORTING YEAR TOTAL	23	30	392	44	58	0	4	8	253	55	30	0	2	11	910

SECTION I – WORKFORCE SNAPSHOT PERIOD
12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

		YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
2415 CASCADE PC	2415 CASCADE POINTE BOULEVARD CHARLOTTE											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
7240707		SEALED AIR CORP FOOD CARE										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
100 ROGERS BRIDG	E ROAD, PO Box 464	DUNCAN	SC	29334								
		ENTIFICATION NUMBER (EIN) 682767										

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services

SECTION H - WORKFORCE DEMOGRAPHIC DATA

-	51	201101	111 ,	OIGH	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	13	0	0	0	0	0	0	0	1	0	0	0	14
Professionals	0	0	4	0	0	0	0	0	2	0	0	0	0	0	6
Technicians	7	0	55	6	0	0	0	1	1	1	0	0	0	0	71
Sales Workers	3	0	46	1	0	0	1	0	5	0	1	0	0	0	57
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	10	0	121	7	0	0	1	1	8	1	2	0	0	0	151
PRIOR 2021 REPORTING YEAR TOTAL	8	0	118	5	0	0	1	1	10	1	2	0	0	0	146

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

LIC EQUAL EMPLOYMENT ODDODTUNITY COMMISSION (FEAC)

EEOC Standard Form 100 (SF 100)

	INFORMATION REPORT (EF		OMB Cont	trol Number: 3046-0049 on Date: 08/31/2024									
		TYPE OF REPORT IMENT REPORT											
		OYER IDENTIFICATION											
OFS COMPANY ID	SECTION B - EMILEC	EMPLOYER NAME											
6263512		SEALED AIR CORPORATION											
ADDRES	S	CITY/TOWN	STATE	ZIP CODE									
2415 CASCADE PO	INTE BOULEVARD	CHARLOTTE	NC	28208									
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
HQ/ESTABLISHMENT-LEVEL UNIT ID M564660 HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME SEALED AIR CORP SUPPLY CHAIN PC													
HEADQUARTERS OR ESTABLISI	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
OLD HWY	90 NORTH	LENOIR	NC	28645									
		ENTIFICATION NUMBER (EIN) 682767											
	SECTION E – EMPLOY	ER FILING ELIGIBILITY											
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS									
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u>): UNAVAILABLE											
☐ YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)									
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)									
	X YES (One or More Non-Headquarters Establishments is Federal Contractor)												
3261		ICS INFORMATION Sheet (including Laminated) Manufacturing											

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity Hispanic Not Hispanic or Latino Male Female or Latino Native Hawaiian or Other Pacific Islander Native Hawaiian or Other Pacific Islande Two or More Races American Indian or Alaska Native Two or More Races American Indian or Alaska Native Black or African American Black or African American Row **JOB CATEGORIES** Female White Total Asian Asian White Male Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2022 REPORTING YEAR TOTAL** PRIOR 2021 REPORTING YEAR TOTAL

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/202

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

~		, ,	OMB Contro	ol Number: 3046-0049
	SECTION A – T	TYPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT ESTABLISHMENT REPORT SECTION B - EMPLOYER IDENTIFICATION OFS COMPANY ID 6263512 SEALED AIR CORPORATION ADDRESS CITY/TOWN STATE ZIP CODE 2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208 SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 1171427 SEALED AIR CORPORATION PAPER HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 217 CODE 450 RIVERFRONT DR SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767 SECTION D - EMPLOYER FILING ELIGIBILITY YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE YES (Single-Establishment Employer is Federal Contractor)				
ADDRESS CITY/TOWN STATE ZIP CODE HQ/ESTABLISHMENT-LEVEL UNITID HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS SECTION D – EMPLOYER IDENTIFICATION (if applicable) HQ/ESTABLISHMENT-LEVEL DENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME 1171427 SEALED AIR CORPORATION PAPER HEADQUARTERS OR ESTABLISHMENT-LEVEL ADDRESS CITY/TOWN STATE ZIP CODE 450 RIVERFRONT DR READING PA 19602 SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767 SECTION E – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767 SECTION E – EMPLOYER FILING ELIGIBILITY X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE YES (Single-Establishment Employer is Federal Contractor) YES (Single-Establishment Employer is Federal Contractor)				
2415 CASCADE PO	INTE BOULEVARD	CHARLOTTE	NC	28208
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
1171427		SEALED AIR CORPORATION PAPER		
HEADQUARTERS OR ESTABLISH	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
450 RIVERI	FRONT DR	READING	PA	19602
		` ,		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS
		· 11		
☐ YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor))
X VE	S (Headquarters is Federal Contractor)	X VES (Non-Headquarters Establishment is Fe	deral Contracto	r)

SECTION G - NAICS INFORMATION 326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

	SE	CHON	111 - V	VUKKF	OKCE										
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	1	0	0	0	0	0	4
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Operatives	3	0	19	8	0	0	1	1	0	1	0	0	0	0	33
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	25	8	0	0	1	1	3	1	0	0	0	0	42
PRIOR 2021 REPORTING YEAR TOTAL	3	0	27	4	0	0	1	1	3	1	0	0	0	0	40

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

	DYMENT OPPORTUNITY COMMISSION (EEOC) Revised 08/2023 OMB Control Number: 3046 Expiration Date: 08/31/20														
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				STABLI											
		SECT	TON B	– EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
6263512						SEAL	ED AIF			ION			1		
ADDRESS								TY/TOV				STATE		ZIP CC	
2415 CASCADE POINT								ARLO1				NC		2820	08
	EADQU	DQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable) HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•					NAME				
JN65553		AUTOMATED PACKAGING													
HEADQUARTERS OR ESTABLISHME															
25900 SOLON	ROAD														46
	SECTI	ON D -	EMPI	LOYER	IDENT 340921		TION N	UMBE	R (EIN)	•		•		
		SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILIT	Y						
X YES (Employer Is Eligible	to File)	□NO	(Emple	oyer Is N	lot Elig	ible to F	ile)	EMPL	OYER	NO LON	IGER I	N BUS	INESS		
SEC	CTION			L CONT				TION (if applic	able)					
_			_	tity ID (
☐ YES (Single-Establishme	-	•													
X YES (H	leadqua	rters is I	Federal	Contrac	tor) 🔀	YES (N	Ion-Head	dquarter	s Establ	ishment i	s Feder	al Contr	ractor)		
						•			ments i	s Federal	l Contra	actor)			
)N G – 1											
	SE			ostics B VORKF											
	52	01101	111 7	·ORILI	ORCL		Race/E								
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
						_						-			
				⊆		o e	o (ces		an		nde	o o	ces	
JOB CATEGORIES				ica		ian Slaı	lian	Ra		آت ا		ian	lian tive	Ra	Row
	<u>e</u>	ıale	ite	Africa	an	wa!	la Na	ore	ite	k o me	an	wai	Inc	ore	Total
	Male	Female	White	ck or Afric American	Asian	Ha	an ka	or More Races	White	Black or an Amer	Asian	Ha	an	or More Races	
		ш		lack or African American	-	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	o or		Black or rican American	-	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native	o or	

							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	0	0	0	0	0	0	1	0	0	0	0	6
Professionals	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Technicians	0	0	2	0	1	0	0	0	1	0	1	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	1	4	0	0	0	0	0	1	0	0	0	0	0	7
Craft Workers	0	0	10	0	0	0	0	0	0	0	0	0	0	0	10
Operatives	4	0	46	31	4	0	0	4	8	16	0	0	0	2	115
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	6	1	71	31	5	0	0	4	10	17	1	0	0	2	148
PRIOR 2021 REPORTING YEAR TOTAL	7	2	80	39	5	0	0	5	14	14	0	0	0	3	169

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

2022 EIVII EO TEN	IN ORIVINITION REFORM (EI	SO I COMI OMEMI I)	Expiratio	on Date: 08/31/2024
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	IMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
6263512		SEALED AIR CORPORATION		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ	
JJ32845		AUTOMATED PACKAGING		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
600 MOND	OIAL PKWY	STREETSBORO	ОН	44241
		DENTIFICATION NUMBER (EIN) 0921189		
	SECTION E - EMPLOY	YER FILING ELIGIBILITY		
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	ESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

<u>Unique Entity ID (UEI):</u> UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

326111 - Plastics Bag and Pouch Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	17	1	0	0	0	0	1	0	0	0	0	0	20
Professionals	0	0	8	0	1	0	0	1	1	0	1	0	0	0	12
Technicians	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	10	0	0	0	0	0	1	1	0	0	0	0	12
Craft Workers	0	0	10	2	0	0	0	0	0	0	0	0	0	0	12
Operatives	4	1	94	26	3	0	1	6	14	5	1	0	0	0	155
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	2	141	29	4	0	1	7	17	6	2	0	0	0	213
PRIOR 2021 REPORTING YEAR TOTAL	5	1	154	27	3	0 E CNIA D	2	7	17	8	1	0	0	0	225

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

~	INFORMATION REPORT (EF	` ,	OMB Con	evised 08/2023 trol Number: 3046-0049 ion Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISH	IMENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512 SEALED AIR CORPORATION												
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208								
		SHMENT-LEVEL IDENTIFICATION (if appl										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
R150802		SEALED AIR CORP SUPPLY CHAIN PC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2401 DIL	LARD ST	GRAND PRAIRIE	TX	75051								
		ENTIFICATION NUMBER (EIN) 682767										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u>): UNKNOWN										
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)								
X YE	X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)									
	SECTION G - NA	ICS INFORMATION										

326150 - Urethane and Other Foam Product (except Polystyrene) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	51	201101	111 ,	VOKKI	ORCE		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	7	0	0	0	0	0	0	0	0	0	0	0	9
Professionals	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Technicians	2	2	9	1	0	0	0	0	0	0	0	0	0	0	14
Sales Workers	2	0	4	1	0	0	0	0	0	0	0	0	0	1	8
Administrative Support Workers	1	0	0	6	0	0	0	0	2	0	0	0	0	0	9
Craft Workers	3	0	2	4	1	0	0	0	3	0	0	0	0	0	13
Operatives	46	32	9	26	4	0	1	1	0	5	0	0	0	0	124
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	56	34	31	38	5	0	1	1	7	5	0	0	0	1	179
PRIOR 2021 REPORTING YEAR TOTAL	58	39	36	41	6	0	1	2	6	6	0	0	0	0	195

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		rol Number: 3046-0049 on Date: 08/31/2024								
		TYPE OF REPORT										
		IMENT REPORT										
OFS COMPANY ID	SECTION B – EMPLO	DYER IDENTIFICATION EMPLOYER NAME										
6263512		SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E									
9624322		SEALED AIR CORP SUPPLY CHAIN PC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
7110 SAN	TA FE DR	HODGKINS	IL	60525								
		ENTIFICATION NUMBER (EIN) 682767										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) I): UNAVAILABLE										
☐ YES (Single-Establi	☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)											
X YE	S (Headquarters is Federal Contractor)	YES (Non-Headquarters Establishment is Fe	deral Contrac	tor)								
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)									

SECTION G - NAICS INFORMATION

326113 - Unlaminated Plastics Film and Sheet (except Packaging) Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

_	51	201101	111 ,	OIGH	ORCE		Daco/E	thnicity							
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	10	1	1	0	0	0	0	0	0	0	0	0	14
Professionals	1	0	4	1	0	0	0	0	1	0	0	0	0	0	7
Technicians	0	1	7	0	0	0	0	2	1	0	0	0	0	0	11
Sales Workers	0	0	12	0	0	0	0	0	0	0	0	0	0	0	12
Administrative Support Workers	1	1	0	0	0	0	0	0	1	1	0	0	0	0	4
Craft Workers	5	0	4	0	0	0	0	0	0	0	0	0	0	0	9
Operatives	35	25	13	5	1	0	0	0	5	4	0	0	0	0	88
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	44	27	50	7	2	0	0	2	8	5	0	0	0	0	145
PRIOR 2021 REPORTING YEAR TOTAL	53	25	50	7	3	0	0	0	8	9	0	0	0	0	155

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

•	LOYMENT OPPORTUNITY CO INFORMATION REPORT (EE	,	OMB Contro	rised 08/2023 ol Number: 3046-0049 n Date: 08/31/2024
		YPE OF REPORT MENT REPORT		
		YER IDENTIFICATION		
OFS COMPANY ID	SECTION B - EMPLO	EMPLOYER NAME		
6263512		SEALED AIR CORPORATION		
ADDRE	SS	CITY/TOWN	STATE	ZIP CODE
2415 CASCADE PO	DINTE BOULEVARD	CHARLOTTE	NC	28208
		SHMENT-LEVEL IDENTIFICATION (if appl		
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE.	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ΙE	
HB83451		AUSTIN FOAM		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
1253 QUA	KER BLVD	LA VERGNE	TN	37086
		ENTIFICATION NUMBER (EIN) 962564		
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Eli	gible to File) NO (Employer Is Not l	Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	ess
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE)	ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE		
☐ YES (Single-Estable	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contractor)
X YF	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	deral Contracto	or)
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	ntractor)	

SECTION G – NAICS INFORMATION
326150 - Urethane and Other Foam Product (except Polystyrene) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

		C1101				DEMO	Race/E								
	Hisn	anic						Hispan		atino					
		atino			М	ale	1101	поран	0	uu	Fen	nale			
	0	1				1						I			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	0	2	0	0	0	0	0	0	2	0	0	0	0	0	4
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	10	27	6	4	3	0	0	0	2	2	5	0	0	0	59
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	10	29	11	4	3	0	0	0	5	2	5	0	0	0	69
PRIOR 2021 REPORTING YEAR TOTAL	9	18	9	4	2	0	0	0	2	1	5	0	0	0	50

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	INFORMATION REPORT (E	CEO-1 COMPONENT 1)		n Date: 08/31/2024
	~	TYPE OF REPORT		
	ESTABLIS	SHMENT REPORT		
	SECTION B – EMPI	LOYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
6263512		SEALED AIR CORPORATION		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
2415 CASCADE PO	INTE BOULEVARD	CHARLOTTE	NC	28208
SECTION C -	HEADQUARTERS OR ESTABL	LISHMENT-LEVEL IDENTIFICATION (if app	olicable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	H	IEADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ИE	
9257564		SEALED AIR-SUPPLY CHAIN PC		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
19440 ARE	ENTH AVE	CITY OF INDUSTRY	CA	91748
		DENTIFICATION NUMBER (EIN) 21682767		
	SECTION E - EMPLO	YER FILING ELIGIBILITY		
X YES (Employer Is Elig	ible to File) NO (Employer Is No	ot Eligible to File) EMPLOYER NO LONGE	R IN BUSINE	SS
		RACTOR DESIGNATION (if applicable) <u>IEI)</u> : UNAVAILABLE		

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

_	51	201101	111 ,	, 011111	ORCL	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	1	4	0	0	0	0	0	1	0	0	0	0	0	8
Professionals	0	1	1	0	1	1	0	0	0	0	0	0	0	0	4
Technicians	5	1	7	0	1	0	0	0	0	0	0	0	0	0	14
Sales Workers	2	0	10	0	2	1	0	0	0	0	0	0	0	0	15
Administrative Support Workers	1	1	0	0	0	0	0	0	2	1	0	0	0	1	6
Craft Workers	1	0	2	0	2	0	0	0	0	0	0	0	0	0	5
Operatives	35	20	4	1	0	0	2	0	0	0	1	0	0	0	63
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	46	24	28	1	6	2	2	0	3	1	1	0	0	1	115
PRIOR 2021 REPORTING YEAR TOTAL	50	24	25	0	6	1	2	0	2	0	1	0	0	1	112

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

~	INFORMATION REPORT (EF	` ,	OMB Cont	evised 08/2023 trol Number: 3046-0049 ion Date: 08/31/2024								
		TYPE OF REPORT										
	ESTABLISH	IMENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512		SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208												
		SHMENT-LEVEL IDENTIFICATION (if appl										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
BN16911		SEE CORP SUPPLY CHAIN PC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
301 MAYHII	LL STREET	SADDLE BROOK	NJ	07663								
		ENTIFICATION NUMBER (EIN) 682767										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u>): UNAVAILABLE										
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)								
X YE	X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											
	X YES (One or More	Non-Headquarters Establishments is Federal Cor	itractor)									
	SECTION G - NA	ICS INFORMATION										

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

	- 51	201101	111 ,	· OILILI	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	7	0	0	0	0	0	4	0	0	0	0	0	13
Professionals	1	0	3	1	0	0	0	0	1	0	1	0	0	0	7
Technicians	2	0	10	1	0	0	0	0	0	0	0	0	0	0	13
Sales Workers	1	0	6	1	0	0	0	1	0	1	0	0	0	0	10
Administrative Support Workers	1	2	0	0	0	0	0	0	3	0	0	0	0	0	6
Craft Workers	3	0	3	1	0	0	0	0	0	0	0	0	0	0	7
Operatives	41	13	0	13	2	1	0	1	0	2	0	0	0	0	73
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	51	15	29	17	2	1	0	2	8	3	1	0	0	0	129
PRIOR 2021 REPORTING YEAR TOTAL	55	19	29	20	2	1	0	2	12	4	2	0	0	0	146

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

~	INFORMATION REPORT (EI	,	OMB Cont	trol Number: 3046-0049 ion Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISH	IMENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512		SEALED AIR CORPORATION										
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE 2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
R150811 SEALED AIR CORP SUPPLY CHAIN PC												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2001 INTERNA	TIONAL BLVD	HUDSON	NC	28638								
		ENTIFICATION NUMBER (EIN) 682767										
	SECTION E – EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II</u>): UNAVAILABLE										
☐ YES (Single-Establis	☐ YES (Single-Establishment Employer is Federal Contractor) 🗵 YES (Multi-Establishment Employer is Federal Contractor)											
X YE	X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											
	VFS (One or More	Non-Headquarters Establishments is Federal Cor	atractor)									

326150 - Urethane and Other Foam Product (except Polystyrene) Manufacturing

SECTION G - NAICS INFORMATION SECTION H - WORKFORCE DEMOGRAPHIC DATA

	, DL	01101	111 ,	VOKKI	ORCE										
	Race/Ethnicity Hispanic Not Hispanic or Latino														
							Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	3	0	0	0	0	0	2	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Sales Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Administrative Support Workers	0	0	3	0	0	0	0	0	3	0	0	0	0	0	6
Craft Workers	0	0	7	0	0	0	0	0	0	0	0	0	0	0	7
Operatives	3	0	40	6	1	0	0	0	9	2	0	0	0	3	64
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	57	6	1	0	0	0	15	2	0	0	0	3	87
PRIOR 2021 REPORTING YEAR TOTAL	4	0	69	6	0	0	0	1	24	3	0	0	1	3	111

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	INFORMATION REPORT (EF	EO-1 COMPONENT 1)		rol Number: 3046-0049 on Date: 08/31/2024									
		TYPE OF REPORT IMENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
6263512		SEALED AIR CORPORATION											
ADDRESS CITY/TOWN STATE ZIP CODE 2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208													
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208													
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)													
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
9461798	` `												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
RD 7 BLET	TNER AVE	HANOVER	PA	17331									
		ENTIFICATION NUMBER (EIN) 682767											
	SECTION E – EMPLOY	ER FILING ELIGIBILITY											
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS									
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE													
☐ YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)									
X YE	X YES (Headquarters is Federal Contractor)												

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

	SE	CHOP	111 - V	OKKI	OKCE	DEMO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	0	1	0	0	0	0	5
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	3	3	74	1	1	0	0	0	28	0	0	0	0	0	110
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	3	83	1	1	0	0	0	29	1	0	0	0	0	121
PRIOR 2021 REPORTING YEAR TOTAL	4	3	93	2	1	0	0	2	33	1	0	0	0	0	139

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOY 2022 EMPLOYER INI													Revised (ontrol Nur ation Dat	mber: 30	
			SECT	TON A	- TYPI	E OF R	EPORT				ı				
			E:	STABLI	SHME	NT REF	PORT								
		SECT	ION B	- EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
6263512						SEAL	_ED AIF	R CORF	PORAT	ION					
ADDRESS							Cl	TY/TOW	VN			STATE		ZIP CC	DDE
2415 CASCADE POINT	E BOU	ILEVAR	RD				CH	ARLOT	TE			NC		2820	08
SECTION C - HE	ADQU	ARTEI	RS OR									ıble)	1		
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					Γ-LEVEL	NAME				
JN66774						AUT	OMAT	ED PA	CKAGI	NG					
HEADQUARTERS OR ESTABLISHME	NT-LEV	EL ADD	RESS				Cl	TY/TOW	VN			STATE		ZIP CC	DDE
10320 PHILIPP P	ARKW	RKWAY STREETSBORO OH												4424	41
	SECTI	ECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 340921189													
	9	SECTIO	ON E -	EMPL	OYER	FILING	ELIGI	BILITY	Y						
X YES (Employer Is Eligible	to File)	□NO	(Empl	oyer Is N	ot Elig	ible to F	ïle)	EMPL	OYER	NO LON	GER I	N BUS	INESS		
SEC	TION	F – FEI	DERAI	L CONT	RACT	OR DE	SIGNA'	TION (i	if applic	able)					
				tity ID (- 11	,					
☐ YES (Single-Establishme	ent Emp	oloyer is	Federa	l Contra	ctor) 🔀	YES (Multi-Es	tablishn	nent Em	ployer is	Federal	l Contra	ctor)		
X YES (H	leadqua	rters is I	Federal	Contrac	tor) X	YES (N	Von-Head	dquarter	s Establ	ishment i	s Feder	al Contr	actor)		
		XY	ES (O	ne or Mo	re Non	-Headqı	arters E	Establish	ments i	s Federa	Contra	actor)			
)N G - 1											
	CIT.			- Office					777.4						
	SE	CHON	H – V	VORKF	OKCE		Race/E								1
	∐icn	anic							•	atino					
	Hispanic Not Hispanic or Latino or Latino Male Female											1			
												_			
		Male Female White Ck or African Asian Asian Asian Pacific Islander rican Indian or aska Native or More Races White Black or can American										or	ō	es	
JOB CATEGORIES				ical (an	ive	Зас		<u>:</u>		an	ian ive	Зас	Row
JOB CATEGORIES	е	ale	te	Afri	⊊	vaii	ndi Aat	Je F	fe	ner	⊊	vaii	ndi	ē	Total
	Male	Female	White	ck or Afric American	Asian	Hav	an l	Mo	White	Black or an Amer	Asian	Hav	an l	or More Races	
		Ľ.	_	lack or African American	•	tive Hawaiian or er Pacific Islandeı	nerican Indian or Alaska Native			Black or frican American	•	tive Hawaiian or er Pacific Islander	nerican Indian or Alaska Native		
		i		∺		= =	ıĕ∢	0	1	ı <u>-</u> -		 	ıĕ∢∣	0	

							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Technicians	0	0	4	1	0	0	1	0	0	0	0	0	0	0	6
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	1	0	1
Administrative Support Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	1	0	9	0	0	0	0	0	2	0	0	0	0	0	12
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	20	1	0	0	1	0	4	0	0	0	1	0	28
PRIOR 2021 REPORTING YEAR TOTAL	1	0	20	1	1	0	0	0	8	0	0	0	0	0	31

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	SECTION A – TYPE OF REPORT											
	SECTION A - T	YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512 SEALED AIR CORPORATION												
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
DG38351		SEALED AIR CORP SUPPLY CHAIN PC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2665 NATION	2665 NATIONAL TURNPIKE LOUISVILLE KY 40214											
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767											

22168276

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	, DL	201101	1 ,	, 011111	ORCE	DEMIO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
							Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	0	0	0	0	0	0	9
Professionals	0	0	5	0	0	0	0	0	0	0	0	0	0	1	6
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	1	0	3	0	0	0	0	0	2	0	0	0	0	0	6
Craft Workers	0	0	9	0	2	0	0	0	0	0	0	0	0	0	11
Operatives	2	4	49	17	9	0	1	0	6	4	1	0	0	0	93
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	4	80	17	11	0	1	0	8	4	1	0	0	1	130
PRIOR 2021 REPORTING YEAR TOTAL	2	4	89	25	7	0	0	0	21	6	2	0	0	0	156

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

			1	
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	MENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
6263512		SEALED AIR CORPORATION		
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE
2415 CASCADE PC	DINTE BOULEVARD	CHARLOTTE	NC	28208
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ	
EU34535		SEALED AIR FOOD CARE SALES		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
126 WEST COLFAX A	VENUE, SUITE A-100	LAKEWOOD	CO	80215
		ENTIFICATION NUMBER (EIN) 682767		

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services

SECTION H – WORKFORCE DEMOGRAPHIC DATA

	SE	CHON	v п – v	VORKE	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					1
	or L	atino			M	ale					Fer	nale			1
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	3	0	0	0	0	1	0	0	0	0	0	0	4
Sales Workers	0	0	8	0	1	0	0	0	0	0	0	0	0	0	9
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	12	0	1	0	0	1	0	0	0	0	0	0	14
PRIOR 2021 REPORTING YEAR TOTAL	0	0	12	0	1	0	0	0	0	0	0	0	0	0	13

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	INFORMATION REPORT (EF	LO-I COMPONENT I)		on Date: 08/31/2024								
	SECTION A - T	TYPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	OYER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512 SEALED AIR CORPORATION												
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E									
JN66171		AUTOMATED PACKAGING										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
58 INDUST	RIAL LANE	KEYSER	WV	26726								
		ENTIFICATION NUMBER (EIN) 0921189										
	SECTION E - EMPLOY	ER FILING ELIGIBILITY										
V MEG (E. 1. T.E.)	21 - E2 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	EU 11 - E1 \ TEMPLOMED NO LONGE	D IN DIGIN	Edd								

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

326111 - Plastics Bag and Pouch Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	51	CHO	111 – 1	VOKKI	OKCE	DEMO									
	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale					Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	12	0	0	0	0	0	0	0	0	0	0	0	12
Professionals	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Technicians	0	0	2	0	0	0	0	0	2	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	14	0	0	0	0	0	0	0	0	0	0	0	14
Operatives	1	0	145	5	0	0	0	0	33	3	0	0	0	0	187
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	176	5	0	0	0	0	38	3	0	0	0	0	223
PRIOR 2021 REPORTING YEAR TOTAL	1	0	189	5	0	0	0	2	46	2	0	0	0	0	245

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	Expiration Date: 08/31/2024											
	SECTION A - T	TYPE OF REPORT										
ESTABLISHMENT REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID	OFS COMPANY ID EMPLOYER NAME											
6263512		SEALED AIR CORPORATION										
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE								
2415 CASCADE PC	2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208											
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
EU80075		SEALED AIR - FOOD CARE SALES										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
100 DALTON L	ANE SUITE B	BOLINGBROOK	IL	60490								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767												
	SECTION E - EMPLOY	ER FILING ELIGIBILITY		·								
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS												

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKE	ORCE	DEMO	GRAPI	HC DA	TA						
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
PRIOR 2021 REPORTING YEAR TOTAL	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
		EFCTI	NIT '	WODK	EODCI	CNIAD	CHATI	DEDIOI							

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	Expiration Date: 08/31/2024										
SECTION A – TYPE OF REPORT ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME									
6263512	6263512 SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE											
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
7846170		SEALED AIR CORP SUPPLY CHAIN FC									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
1301 W MAG	SNOLIA AVE	IOWA PARK	TX	76367							
		ENTIFICATION NUMBER (EIN) 682767									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSINI	ESS							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE											
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	r)							
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

	51	01101	111 /	OIGH	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	18	1	1	0	0	1	5	1	0	0	0	0	27
Professionals	0	0	15	1	2	0	0	0	1	1	1	0	0	0	21
Technicians	1	0	7	1	0	0	0	0	7	0	0	0	0	0	16
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	2	0	10	0	0	0	0	0	5	0	0	0	0	0	17
Craft Workers	18	0	77	5	3	1	0	2	3	0	0	0	0	0	109
Operatives	100	15	280	24	7	2	3	14	52	13	1	0	2	3	516
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	121	15	407	32	13	3	3	17	73	15	2	0	2	3	706
PRIOR 2021 REPORTING YEAR TOTAL	113	13	395	25	13	2	3	13	62	10	2	0	2	4	657

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

	LAPITATIO	on Date: 00/31/2024										
SECTION A - TYPE OF REPORT												
ESTABLISHMENT REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
6263512		SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if ap	plicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME									
T614658		SEALED AIR CORP FOOD CARE										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
2313 LOWER LAKE ROAD, PO BOX 4249 SAINT JOSEPH MO 64504												
		ENTIFICATION NUMBER (EIN) 682767										

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- 51		1	· OILIII	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
Professionals	0	0	6	0	0	0	0	0	3	0	0	0	0	1	10
Technicians	0	0	3	2	0	0	0	0	4	0	0	0	0	0	9
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Craft Workers	0	0	22	0	0	0	0	1	2	0	0	0	0	0	25
Operatives	2	0	102	14	0	0	1	1	22	2	0	0	0	1	145
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	141	16	0	0	1	2	32	2	0	0	0	2	198
PRIOR 2021 REPORTING YEAR TOTAL	3	1	139	14	0	0	1	2	26	2	0	0	0	0	188

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

Expiration Date: 08/31/2024												
SECTION A – TYPE OF REPORT												
ESTABLISHMENT REPORT												
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID EMPLOYER NAME												
6263512		SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208								
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
EU80057		SEALED AIR FOOD CARE SALES										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
8009 34TH AVENUE SOUTH, SUITE 960 BLOOMINGTON MN 55425												
		ENTIFICATION NUMBER (EIN) 682767										

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	1	VOKKI	ORCE		Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				Female					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Sales Workers	0	0	6	0	0	0	0	0	1	0	0	0	0	0	7
Administrative Support Workers	0	0	0	0	0	0	0	0	2	0	0	0	0	0	2
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	13	0	0	0	0	0	3	0	0	0	0	0	16
PRIOR 2021 REPORTING YEAR TOTAL	0	0	14	0	0	0	0	0	3	0	0	0	0	0	17

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	Expiration Date: 08/31/2024										
	SECTION A – TYPE OF REPORT										
ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
6263512		SEALED AIR CORPORATION									
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE										
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208											
SECTION C -	- HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
JN89786		SEALED AIR PRODUCT CARE									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
2150 BREV	ARD ROAD	HIGH POINT	NC	27263							
		ENTIFICATION NUMBER (EIN) 682767									
	SECTION E - EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS											
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE										
☐ YES (Single-Establishment Employer is Federal Contractor) ▼ YES (Multi-Establishment Employer is Federal Contractor)											

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

	- DI	201101	1	VOKKI	ORCE										
							Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale				Female					
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	3	0	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	2	1	0	0	0	0	3
Craft Workers	0	0	3	0	0	0	1	0	0	0	0	0	0	0	4
Operatives	3	1	8	14	0	0	0	0	4	10	3	0	0	0	43
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	1	14	14	0	0	1	0	6	11	3	0	0	0	54
PRIOR 2021 REPORTING YEAR TOTAL	2	1	17	19	0	0	1	0	8	10	3	0	0	0	61

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Revised 08/2023 OMB Control Number: 3046-00 Expiration Date: 08/31/2024			
		SECTION	A _ TVD	E OE D	FDODT					Ехрп	ation Da	ic. 00/31/	2024
			LISHME	_	_								
	SEC	TION B – EN				TION							
OFS COMPANY ID	SEC.	ION D - EN	ILOIL	K IDEA		OYER N	AME						
6263512				SEAL	ED AII	R COR	PORAT	ION					
ADDRESS					C	TY/TOV	VN			STATE		ZIP CO	DE
2415 CASCADE POIN	NTE BOULEVAR	BOULEVARD CHARLOTTE										2820	8
SECTION C - I	HEADQUARTE	RS OR ESTA											
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME											
EU32115			SE	ALED A	AIR CO	RP SUF	PPLY C	HAIN F	C				
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADI	DRESS			C	TY/TOV	VN			STATE		ZIP CO	DE
501 EAST VAL	LEY ROAD				F	RENTO	N			WA		9805	57
	SECTION D -	- EMPLOYE	R IDEN' 221682		TION N	UMBE	R (EIN)	•		•		
	SECTI	ON E – EMI	LOYER	FILING	ELIG	BILIT	Y						
X YES (Employer Is Eligib	le to File) 🔲 NO	(Employer I	Not Elig	ible to F	ïle)	EMPL	OYER I	NO LO	NGER I	IN BUS	NESS		
SI	ECTION F - FE						if applic	able)					
_	-	ique Entity II		_									
YES (Single-Establish	ment Employer is	Federal Cont	ractor) 🔀	YES (Multi-Es	tablishn	nent Em	ployer is	s Federa	l Contra	ctor)		
X YES	(Headquarters is	Federal Contr	actor) 🔀	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	ral Contr	actor)		
	XY	ES (One or)	More Nor	ı-Headqı	arters I	Establish	ments i	s Federa	ıl Contra	actor)			
32611	SECTION G – NAICS INFORMATION 2 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing												
32011		NH – WORI						uraciur	iiig				
	523110		01.01			thnicit							
	Hispanic				Not	Hispan	ic or L	atino					
	or Latino		, N	lale					Fen	nale			
		SS S S S S S S S S S S S S S S S S S S											

Black or African American Native Hawaiian o Other Pacific Island American Indian o Alaska Native Native Hawaiian o Other Pacific Island American Indian o Alaska Native Two or More Race African Americar Two or More Race Row **JOB CATEGORIES** Female Black or Total White Asian White Asian Male Executive/Senior Level Officials and Managers First/Mid-Level Officials and Managers Professionals Technicians Sales Workers Administrative Support Workers Craft Workers Operatives Laborers and Helpers Service Workers **CURRENT 2022 REPORTING YEAR TOTAL** PRIOR 2021 REPORTING YEAR TOTAL

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024										
	SECTION A - T	TYPE OF REPORT									
ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
6263512		SEALED AIR CORPORATION									
ADDRES	S	CITY/TOWN	STATE	ZIP CODE							
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208							
		SHMENT-LEVEL IDENTIFICATION (if appl									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
A343733		SEALED AIR CORP SUPPLY CHAIN FC									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
3800 CENT	RAL FWY N	WICHITA FALLS	TX	76306							
		ENTIFICATION NUMBER (EIN)									
		TER FILING ELIGIBILITY									
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINI	ESS							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE											
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)							
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)											

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

	SE	CHON	v п – v	VUKKI	OKCE	DEMO	GKAPI	HC DA	IA						
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	1	1	1	0	0	0	0	0	1	0	0	0	0	0	4
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	1	0	1	0	0	0	0	0	3
Craft Workers	2	0	4	0	0	0	0	0	0	0	0	0	0	0	6
Operatives	13	1	36	5	2	0	0	2	2	0	0	0	0	0	61
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	17	2	43	5	2	0	1	2	5	0	0	0	0	0	77
PRIOR 2021 REPORTING YEAR TOTAL	17	3	61	7	2	0	1	3	8	0	0	0	0	0	102

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPI 2022 EMPLOYER	OMB Con	evised 08/2023 trol Number: 3046-0049 ion Date: 08/31/2024							
	SECTION A – T	TYPE OF REPORT							
	ESTABLISH	IMENT REPORT							
	SECTION B - EMPLO	OYER IDENTIFICATION							
OFS COMPANY ID		EMPLOYER NAME							
6263512 SEALED AIR CORPORATION									
ADDRESS CITY/TOWN STATE ZIP CODE									
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208									
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME									
EU34728 SEE CORP SUPPLY CHAIN MEDICAL									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
200 ROGERS BRIDGE ROAL	BUILDING D, PO BOX 464	DUNCAN	SC	29334					
		ENTIFICATION NUMBER (EIN) 682767							
	SECTION E – EMPLOY	ER FILING ELIGIBILITY							
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS					
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) I): UNAVAILABLE							
☐ YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)					
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)									
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)						
3261	2-00	ICS INFORMATION Sheet (including Laminated) Manufacturing							
SECTION H _ WOOKEODCE DEMOCED A DHIC DATA									

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	1	0	0	0	0	4	0	0	0	0	0	6
Professionals	0	0	1	0	0	0	0	1	1	0	0	0	0	0	3
Technicians	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	4	0	0	0	0	0	6
Craft Workers	0	0	4	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	0	1	21	9	1	0	0	1	4	10	0	0	0	0	47
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	1	29	10	1	0	0	2	14	10	0	0	0	0	67
PRIOR 2021 REPORTING YEAR TOTAL	0	1	26	7	1	0	0	0	13	5	0	0	0	0	53

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

Expiration Date: 08/31/2024											
SECTION A – TYPE OF REPORT											
	ESTABLI	SHMENT REPORT									
SECTION B – EMPLOYER IDENTIFICATION											
OFS COMPANY ID EMPLOYER NAME											
6263512	6263512 SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE											
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208											
SECTION C -	- HEADQUARTERS OR ESTAE	BLISHMENT-LEVEL IDENTIFICATION (if appl	icable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID		HEADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Æ								
l171436		SEALED AIR CORPORATION PC SALES									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
7401 UNION C	ENTRE BLVD	FAIRFIELD	ОН	45014							
SECTION D - EMPLOYER IDENTIFICATION NUMBER (EIN)											
221682767											
	SECTION E – EMPL	OYER FILING ELIGIBILITY									
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS											

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CHO	(II – V	OKKI	OKCE	DEMO									
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	1	0	12	0	0	0	0	0	0	0	0	0	0	0	13
Sales Workers	2	0	19	1	0	0	0	0	1	1	0	0	0	0	24
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	3	0	37	1	0	0	0	0	3	1	0	0	0	0	45
PRIOR 2021 REPORTING YEAR TOTAL	3	0	38	1	0	1	0	0	4	1	0	0	0	0	48

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

Expiration Date: 08/31/2024												
	SECTION A – TYPE OF REPORT											
	ESTABLISHMENT REPORT											
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID												
6263512	6263512 SEALED AIR CORPORATION											
ADDRESS CITY/TOWN STATE ZIP CODE												
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	icable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
C097380		SEALED AIR CORPORATION										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
MERIDITH RD MODENA PA 19320												
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767											
SECTION E – EMPLOYER FILING ELIGIBILITY												

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) X YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

322120 - Paper Mills

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	- DI	201101	111 ,	, 011111	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale			Female						
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	3	0	16	8	0	0	0	0	0	0	0	0	0	0	27
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	4	0	23	8	0	0	0	0	1	0	0	0	0	0	36
PRIOR 2021 REPORTING YEAR TOTAL	5	0	27	9	0	0	0	1	1	0	0	0	0	0	43

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) OMB Control Number: 3046-0049 Expiration Date: 08/31/2024										
		TYPE OF REPORT IMENT REPORT								
SECTION B - EMPLOYER IDENTIFICATION FINDLOYER NAME										
OFS COMPANY ID EMPLOYER NAME										
6263512 SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP CODE										
2415 CASCADE PO	2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208									
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E							
P113764		SEALED AIR CORP SUPPLY CHAIN PC								
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE						
1835 W ALI	MOND AVE	MADERA	CA	93637						
		ENTIFICATION NUMBER (EIN)								
		682767								
	SECTION E – EMPLOY	ER FILING ELIGIBILITY								
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS										
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) I): UNAVAILABLE								
VES (Single-Establishment Employer is Federal Contractor) X VES (Multi-Establishment Employer is Federal Contractor)										

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

	51	201101	111 ,	OIGH	ORCE	DEMIO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale			Female						
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	0	1	0	2	0	0	0	0	0	0	0	0	0	5
Professionals	0	0	1	0	1	0	0	0	1	0	0	0	0	0	3
Technicians	1	2	0	0	0	0	0	0	1	0	1	0	0	0	5
Sales Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Administrative Support Workers	1	0	0	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	4	0	1	0	1	0	0	0	0	0	0	0	0	0	6
Operatives	61	11	7	3	3	0	1	3	1	1	0	0	0	0	91
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	69	13	11	3	7	0	1	3	3	1	1	0	0	0	112
PRIOR 2021 REPORTING YEAR TOTAL	81	12	14	2	9	0	1	2	4	1	1	0	0	0	127

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

2022 EMPLOYER	OMB Control Number: 3046-0049 Expiration Date: 08/31/2024								
		TYPE OF REPORT							
		IMENT REPORT							
OFG GOVERNMENT	SECTION B – EMPLO	OYER IDENTIFICATION							
OFS COMPANY ID EMPLOYER NAME									
6263512 SEALED AIR CORPORATION									
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE								
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208									
		SHMENT-LEVEL IDENTIFICATION (if app							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ſΕ						
JN66270		AUTOMATED PACKAGING							
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
12130 MO	RA DR #2	SANTA FE SPRINGS	CA	90670					
		ENTIFICATION NUMBER (EIN) 0921189							
	SECTION E - EMPLOY	ER FILING ELIGIBILITY							
X YES (Employer Is Elig	gible to File) NO (Employer Is Not	Eligible to File)	R IN BUSIN	ESS					
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE									
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Federal	eral Contracto	r)					
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fe	deral Contract	or)					
X YES (One or More Non-Headquarters Establishments is Federal Contractor)									

SECTION G - NAICS INFORMATION 561110 - Office Administrative Services SECTION H - WORKFORCE DEMOGRAPHIC DATA

	SE	CTION	1 H – V	VORKF	ORCE	DEMO	GRAPI	HIC DA	TA						
							Race/E	thnicit	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	5	1	0	0	0	0	0	0	0	0	0	0	0	0	6
Sales Workers	2	0	3	0	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	1	3	1	0	0	0	0	0	0	1	0	0	0	0	6
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	8	5	5	0	0	0	0	0	0	1	0	0	0	0	19
PRIOR 2021 REPORTING YEAR TOTAL	9	5	8	0	0	0	0	0	0	1	0	0	0	0	23

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMDLOVED INFORMATION DEPORT (FEO. 1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049

2022 EWII LOTER	Expiration	on Date: 08/31/2024							
	SECTION A - TYPE OF REPORT ESTABLISHMENT REPORT								
SECTION B – EMPLOYER IDENTIFICATION									
OFS COMPANY ID EMPLOYER NAME									
6263512 SEALED AIR CORPORATION									
ADDRESS CITY/TOWN STATE ZIP CODE									
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208									
SECTION C -	HEADQUARTERS OR ESTABLE	SHMENT-LEVEL IDENTIFICATION (if appl	licable)						
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ						
N136154		SEALED AIR CORP SUPPLY CHAIN PC							
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
2030 LOWER HO	DMESTEAD AVE	HOLYOKE	MA	01040					
		ENTIFICATION NUMBER (EIN) 682767							
SECTION E – EMPLOYER FILING ELIGIBILITY									
X YES (Employer Is Elig	X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS								
		ACTOR DESIGNATION (if applicable)	·						
Unique Entity ID (UEI): UNAVAILABLE									

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing SECTION H – WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFURCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	1	0	0	0	0	0	1	0	0	0	0	0	3
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	1	1	0	0	0	0	0	2
Craft Workers	3	0	1	0	0	0	0	0	0	0	0	0	0	0	4
Operatives	29	9	6	4	0	0	0	0	4	0	2	0	0	0	54
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	32	10	9	4	0	0	0	1	7	0	2	0	0	0	65
PRIOR 2021 REPORTING YEAR TOTAL	33	11	15	4	0	0	0	2	10	0	2	0	0	1	78

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049

		TO TOOM ONE (TI)	Expiration	on Date: 08/31/2024							
	SECTION A - T	TYPE OF REPORT	•								
	ESTABLISH	MENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
6263512		SEALED AIR CORPORATION									
ADDRESS CITY/TOWN STATE ZIP CO											
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 282											
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	1E								
EU32391		SEE CORP FOOD CARE PESC									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
100 ROGERS BRIDGE ROAD	BUILDING B, P.O. BOX 464	DUNCAN	SC	29334							
		ENTIFICATION NUMBER (EIN) 682767									
	SECTION E - EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File)	R IN BUSINI	ESS							
	GEOGRANIE FEDERAL COMPR	OTOD DEGLOSIA PROMICE 11 11)									

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

<u>Unique Entity ID (UEI)</u>: UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

333993 - Packaging Machinery Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	13	0	0	0	0	0	4	0	0	0	0	0	17
Professionals	1	0	31	1	0	0	0	0	4	0	0	0	0	0	37
Technicians	0	0	12	0	0	0	0	1	0	0	0	0	0	0	13
Sales Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Administrative Support Workers	0	0	3	0	0	0	0	0	4	0	0	0	0	0	7
Craft Workers	0	0	28	2	1	0	0	0	0	0	1	0	0	0	32
Operatives	0	0	32	11	1	1	0	1	4	3	0	0	0	2	55
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	119	14	2	1	0	2	17	3	1	0	0	2	162
PRIOR 2021 REPORTING YEAR TOTAL	1	0	98	12	1	0	0	1	13	2	1	0	0	0	129

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

•	OYMENT OPPORTUNITY C NFORMATION REPORT (EI	, ,	OMB Cont	evised 08/2023 trol Number: 30- on Date: 08/31/							
	ESTABLISH	TYPE OF REPORT IMENT REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID 6263512		EMPLOYER NAME SEALED AIR CORPORATION									
ADDRESS		CITY/TOWN	STATE	ZIP CC	DDE						
2415 CASCADE POI	NTE BOULEVARD	CHARLOTTE	NC	2820	08						
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)											
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
AQ92414	SEALED AIR CORP SUPPLY CHAIN FC OUT / TOWN STATE ZIP CODE										
HEADQUARTERS OR ESTABLISH	MENT-LEVEL ADDRESS	CITY/TOWN	STATE	STATE ZIP CODE							
4 BEKAER	TDRIVE	ROGERS	AR	7275	56						
		ENTIFICATION NUMBER (EIN) 1682767									
X YES (Employer Is Eligil	2-00	TER FILING ELIGIBILITY Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS							
s	ECTION F – FEDERAL CONTR Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) II): UNAVAILABLE									
☐ YES (Single-Establish	ment Employer is Federal Contracto	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)							
X YES	(Headquarters is Federal Contractor	YES (Non-Headquarters Establishment is Fed	deral Contrac	tor)							
	X YES (One or More	Non-Headquarters Establishments is Federal Con	itractor)								
32611		ICS INFORMATION Sheet (including Laminated) Manufacturing									
		RCE DEMOGRAPHIC DATA									
		Race/Ethnicity									

							Race/E	thnicity	у						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	4	0	0	0	0	0	1	0	0	0	0	0	5
Professionals	0	0	1	0	0	0	0	0	2	0	0	0	0	0	3
Technicians	1	0	4	0	0	0	1	0	2	0	0	0	0	0	8
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	1	7	0	0	0	0	0	1	0	0	0	0	0	10
Craft Workers	2	0	22	0	0	0	1	0	0	0	0	0	0	0	25
Operatives	21	4	73	7	3	1	5	1	26	1	2	0	0	0	144
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	25	5	111	7	3	1	7	1	32	1	2	0	0	0	195
PRIOR 2021 REPORTING YEAR TOTAL	21	4	108	7	3	0	6	2	33	0	1	0	0	0	185

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 08/31/2024

			•										
	SECTION A - T	YPE OF REPORT											
	ESTABLISH	MENT REPORT											
	SECTION B - EMPLO	OYER IDENTIFICATION											
OFS COMPANY ID		EMPLOYER NAME											
6263512		SEALED AIR CORPORATION											
ADDRES	STATE	ZIP CODE											
2415 CASCADE PC	ADDRESS CITY/TOWN STATE ZIP COL ADE POINTE BOULEVARD CHARLOTTE NC 2820												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
EU80066		SEALED AIR FOOD CARE SALES											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
2299 BRODHEAD ROAD BETHLEHEM PA 18020													
	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 221682767												

SECTION E – EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): UNAVAILABLE

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity														1	
									•						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			M	lale					Fer	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	2	0	0	0	0	0	0	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	2	0	4	0	0	0	0	0	0	0	0	0	0	0	6
Sales Workers	0	0	9	0	0	0	0	0	2	0	0	0	0	0	11
Administrative Support Workers	0	0	0	0	0	0	0	0	1	0	0	0	0	0	1
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	16	0	0	0	0	0	3	0	0	0	0	0	21
	,														
PRIOR 2021 REPORTING YEAR TOTAL	1	0	18	0	0	0	0	0	3	0	0	0	0	0	22

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT												Revised ontrol Nu ation Dat	mber: 30	
			SECT	TON A	- TYPl	E OF RI	EPORT								
			ES	STABLI	SHME	NT REP	ORT								
		SECT	ION B	- ЕМР	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
6263512						SEAL	ED AIF	CORF	PORAT	ION					
ADDRESS							CI	TY/TOW	/N			STATE		ZIP CO	DE
2415 CASCADE POINT	E BOU	LEVAR	RD				CH	ARLOT	TE			NC		2820)8
SECTION C - HE	EADQU	ARTEI	RS OR									ıble)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					•	•				-LEVEL	NAME				
EU32537						SEALE	O AIR F	OOD C	CARES	SALES					
HEADQUARTERS OR ESTABLISHME												STATE		ZIP CO	DE
440 REGENCY PARKWAY	REGENCY PARKWAY DRIVE, SUITE 225								1			NE		6811	14
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN)															
221682767 SECTION E – EMPLOYER FILING ELIGIBILITY															
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) Unique Entity ID (UEI): UNAVAILABLE															
YES (Single-Establishm	ent Emp	loyer is	Federa	l Contrac	ctor) 🔀	YES (N	Multi-Es	ablishm	ent Em	ployer is	Federal	Contra	ctor)		
X YES (H	leadqua				. —			-					actor)		
									ments 1	s Federa	I Contra	ictor)			
		5	61110	- Office	e Admii	INFOR nistrativ	e Servi	ces							
	SE	CTION	V H – V	VORKE	ORCE	DEMO									П
	Hisp	!-	1				Race/E		·	-4!					
		atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
						-0	,	-				~ 0	,	_	

							Race/E	unnicit	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Professionals	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Technicians	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Sales Workers	0	0	5	0	0	0	0	0	1	0	0	0	0	0	6
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	0	0	12	0	0	0	0	0	2	0	0	0	0	0	14
PRIOR 2021 REPORTING YEAR TOTAL	0	0	13	0	0	0	0	0	1	0	0	0	0	0	14

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

~	INFORMATION REPORT (EF	. ,		trol Number: 3046-0049 ion Date: 08/31/2024					
		TYPE OF REPORT IMENT REPORT							
OFS COMPANY ID	SECTION B - EMPLO	DYER IDENTIFICATION EMPLOYER NAME							
6263512		SEALED AIR CORPORATION							
ADDRES	S	CITY/TOWN	STATE	ZIP CODE					
2415 CASCADE PC	INTE BOULEVARD	CHARLOTTE	NC	28208					
		SHMENT-LEVEL IDENTIFICATION (if appl							
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	E						
5446155		SEALED AIR CORP SUPPLY CHAIN FC							
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE					
803 NORTH MAPLE S	STREET, PO Box 338	SIMPSONVILLE	SC	29681					
		ENTIFICATION NUMBER (EIN) 682767							
	SECTION E – EMPLOY	ER FILING ELIGIBILITY							
X YES (Employer Is Elig	rible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS					
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) II): UNAVAILABLE							
☐ YES (Single-Establi	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)					
X YE	S (Headquarters is Federal Contractor)	X YES (Non-Headquarters Establishment is Fed	is Federal Contractor)						
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)						
	SECTION C - NA	ICC INFORMATION							

SECTION G – NAICS INFORMATION
326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing
SECTION H – WORKFORCE DEMOGRAPHIC DATA

_	51	201101	111 ,	OIGH	ORCE	DEMO	Race/E								
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	1	37	1	1	1	0	1	17	4	1	0	0	0	64
Professionals	5	1	43	4	4	0	0	1	24	2	0	0	0	0	84
Technicians	0	0	27	2	2	0	0	0	14	6	2	0	0	1	54
Sales Workers	0	0	5	0	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	0	0	26	1	2	0	0	0	36	4	0	0	0	0	69
Craft Workers	3	0	117	19	3	0	0	1	3	1	0	0	0	0	147
Operatives	18	4	280	303	2	0	0	6	68	124	0	0	0	3	808
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	26	6	535	330	14	1	0	9	162	141	3	0	0	4	1231
PRIOR 2021 REPORTING YEAR TOTAL	23	4	561	286	12	0	0	9	172	117	3	0	0	5	1192

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100)

2022 EMPLOYER IN								,					ontrol Nu ration Dat	mber: 30	
			SECT	TON A	– TYPI	E OF RI	EPORT				ı				
			E:	STABLI	SHME	NT REF	PORT								
		SECT	TION B	3 – EMP	LOYE	R IDEN									
OFS COMPANY ID								OYER N							
6263512						SEAL	LED AIF	R CORE	PORAT	ION					
ADDRESS							C	TY/TOW	VN			STATE		ZIP CO	DE
2415 CASCADE POIN	TE BOU	ILEVAF	RD				CH	ARLOT	TE			NC		2820	8(
SECTION C - H	EADQU	ARTE	RS OR	ESTAB	LISHN	1ENT-I	LEVEL	IDENT	IFICA'	ΓΙΟΝ (it	f applica	able)			
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	•				Γ-LEVEL	NAME				
JN66114						AUT	OMAT			NG					
HEADQUARTERS OR ESTABLISHM			ORESS				C	TY/TOW	VN			STATE		ZIP CO	DE
13555 MCCRAC	KEN RO	AD					GARFI	ELD HE	EIGHTS	3		OH		4412	25
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 340921189															
	SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS															
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE															
■ YES (Single-Establishment Employer is Federal Contractor) ■ YES (Multi-Establishment Employer is Federal Contractor)															
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)															
	•	XY	ES (Oi	ne or Mo	ore Non	-Headau	arters E	stablish	ments i	s Federa	ıl Contra	actor)			
)N G - I		•									
		3261	11 - Pla	astics B	ag and	Pouch	Manufa	acturing]						
	SE	CTION	N H – V	VORKF	ORCE										
							Race/E		•						
		anic					Not	Hispan	ic or L	atino					
	or La	atino		1	IVI	ale					Fer	nale			
JOB CATEGORIES				rican In		iian or slander	lian or tive	Races		r rican		iian or slander	lian or tive	Races	Row
	Male	Female	White	ck or Afric American	Asian	Hawa cific I	an Inc ka Na	More	White	Black or an Amer	Asian	Hawa cific I	an Inc ka Na	More	Total
	Male Female White White Black or African Asian Asian Native Hawaiian or Alaska Native Alaska Native Asian White Black or Asian Two or More Races Two or More Races Two or More Races														
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	6	1	0	0	0	0	0	0	0	0	0	0	7
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	1	8	0	0	0	0	0	5	0	0	0	0	0	14
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Craft Workers	0	0	11	0	0	0	0	1	0	0	0	0	0	0	12

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

CURRENT 2022 REPORTING YEAR TOTAL

PRIOR 2021 REPORTING YEAR TOTAL

Operatives

Laborers and Helpers

Service Workers

•	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT											
		TYPE OF REPORT IMENT REPORT										
OFS COMPANY ID	SECTION B - EMPLO	DYER IDENTIFICATION EMPLOYER NAME										
6263512		SEALED AIR CORPORATION										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208												
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID												
D281054 SEE CORP R&D/SUPPLY CHAIN PC												
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
OLD SHERI	MAN TNPK	DANBURY	CT	06810								
		ENTIFICATION NUMBER (EIN) 682767										
		ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRA Unique Entity ID (UE	ACTOR DESIGNATION (if applicable) <u>II):</u> UNAVAILABLE										
☐ YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Feder	eral Contracto	or)								
X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)												
	X YES (One or More	Non-Headquarters Establishments is Federal Con	ntractor)									
326	2-00	ICS INFORMATION roduct (except Polystyrene) Manufacturing										

SECTION H - WORKFORCE DEMOGRAPHIC DATA

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	0	0	0	0	3	1	2	0	0	0	15
Professionals	0	0	1	0	1	0	0	0	1	0	0	0	0	0	3
Technicians	3	0	6	1	0	0	0	0	0	0	0	0	0	0	10
Sales Workers	0	0	4	0	0	0	0	0	0	0	1	0	0	0	5
Administrative Support Workers	0	0	0	0	0	0	0	0	4	0	0	0	0	0	4
Craft Workers	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	17	27	15	1	1	0	0	0	2	1	0	0	0	0	64
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	22	27	36	2	2	0	0	0	10	2	3	0	0	0	104
PRIOR 2021 REPORTING YEAR TOTAL	15	24	43	2	2	0	0	0	11	1	2	0	0	0	100

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2022 EMPLOYER	INFORMATION REPORT (EE	CO-1 COMPONENT 1)		rol Number: 3046-0049 on Date: 08/31/2024								
		YPE OF REPORT										
	ESTABLISH	MENT REPORT										
	SECTION B - EMPLO	YER IDENTIFICATION										
OFS COMPANY ID		EMPLOYER NAME										
6263512		SEALED AIR CORPORATION										
ADDRES	S	CITY/TOWN	STATE	ZIP CODE								
2415 CASCADE POINTE BOULEVARD CHARLOTTE NC 28208												
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ									
BY42751		SEALED AIR SHANKLIN FC										
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
100 WESTF	ORD ROAD	AYER	MA	01432								
		ENTIFICATION NUMBER (EIN) 682767										
	SECTION E - EMPLOY	ER FILING ELIGIBILITY										
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
	SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : UNAVAILABLE											
YES (Single-Establis	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)								

SECTION G - NAICS INFORMATION

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

333993 - Packaging Machinery Manufacturing

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
							Race/E	thnicity	y						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	9	0	1	0	0	0	2	0	0	0	0	0	12
Professionals	4	0	18	0	5	0	0	0	4	0	1	0	0	0	32
Technicians	2	0	10	2	1	0	0	0	1	0	1	0	0	0	17
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	3	0	0	0	0	0	6	0	0	0	0	0	9
Craft Workers	2	0	7	1	1	0	0	0	0	0	0	0	0	0	11
Operatives	8	0	36	1	8	0	1	1	7	0	0	0	0	0	62
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	16	0	83	4	16	0	1	1	20	0	2	0	0	0	143
PRIOR 2021 REPORTING YEAR TOTAL	16	0	89	6	16	0	1	1	18	0	2	0	0	0	149

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

EEOC Standard Form 100 (SF 100) Revised 08/2023

~	INFORMATION REPORT (EI	* /		ol Number: 3046-0049 in Date: 08/31/2024
	SECTION A - T	TYPE OF REPORT		
	ESTABLISH	HMENT REPORT		
	SECTION B - EMPLO	OYER IDENTIFICATION		
OFS COMPANY ID		EMPLOYER NAME		
6263512		SEALED AIR CORPORATION		
ADDRES	S	CITY/TOWN	STATE	ZIP CODE
2415 CASCADE PO	INTE BOULEVARD	CHARLOTTE	NC	28208
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if ap	plicable)	
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	EADQUARTERS OR ESTABLISHMENT-LEVEL NA	ME	
l171400		SEALED AIR CORPORATION		
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE
2311 BOSWEL	L RD SUITE 8	CHULA VISTA	CA	91914
		DENTIFICATION NUMBER (EIN) 1682767		
	SECTION E – EMPLOY	ER FILING ELIGIBILITY		
X YES (Employer Is Elig	ible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGI	ER IN BUSINE	SS
		ACTOR DESIGNATION (if applicable) <u>II)</u> : UNAVAILABLE		
☐ YES (Single-Establis	shment Employer is Federal Contractor	r) X YES (Multi-Establishment Employer is Fed	deral Contractor))

SECTION G - NAICS INFORMATION

561110 - Office Administrative Services

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H – WORKFORCE DEMOGRAPHIC DATA Race/Ethnicity															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
İ															
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Professionals	2	0	0	0	0	0	0	0	0	0	0	0	0	0	2
Technicians	0	0	0	0	1	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	2	0	1	0	1	0	0	0	0	0	0	0	0	0	4
PRIOR 2021 REPORTING YEAR TOTAL	2	0	1	0	1	0	0	0	0	0	0	0	0	0	4

SECTION I – WORKFORCE SNAPSHOT PERIOD

12/25/2022 - 12/31/2022

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

	U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT											
			MENT REPORT									
	SECTION 1	B – EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID			EMPLOYER NAME									
6263512			SEALED AIR CORPORATION									
ADDRESS												
2415 CASCADE POIN	2415 CASCADE POINTE BOULEVARD CHARLOTTE											
	SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if a											
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
T145301	T145301 SEALED AIR CORP FOOD CARE											
HEADQUARTERS OR ESTABLISHM	MENT-LEVEL ADDRESS		CITY/TOWN	STATE	ZIP CO	DE						
150 Cryovac I	Boulevard		SENECA	SC	2967	78						
	SECTION D - EMP		ENTIFICATION NUMBER (EIN) 682767									
	SECTION E -	- EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Eligib	le to File) NO (Emp	loyer Is Not	Eligible to File) EMPLOYER NO LONGE	ER IN BUSIN	ESS							
SI			ACTOR DESIGNATION (if applicable) <u>I)</u> : UNAVAILABLE									
☐ YES (Single-Establish	ment Employer is Federa	al Contractor	r) X YES (Multi-Establishment Employer is Fed	leral Contracto	or)							
X YES	Headquarters is Federa	l Contractor)	YES (Non-Headquarters Establishment is Fe	ederal Contrac	tor)							
	X YES (O	ne or More	Non-Headquarters Establishments is Federal Co	ntractor)								
SECTION G – NAICS INFORMATION 326112 - Plastics Packaging Film and Sheet (including Laminated) Manufacturing												
	SECTION H -	WORKFOR	RCE DEMOGRAPHIC DATA									
			Race/Ethnicity									
	Hispanic		Not Hispanic or Latino	Fomalo								

	Race/Ethnicity Hispanic Not Hispanic or Latino														
	Hisp	anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale		-			Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	5	1	0	0	0	0	0	0	0	0	0	0	6
Professionals	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Technicians	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Craft Workers	0	0	20	2	0	0	0	0	0	0	0	0	0	0	22
Operatives	1	0	62	10	0	0	0	3	13	0	0	0	0	1	90
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	90	13	0	0	0	3	15	0	0	0	0	1	123
PRIOR 2021 REPORTING YEAR TOTAL	1	0	81	11	0	0	0	1	19	0	0	0	0	0	113

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2022 EMPLOYER IN								,				Revised 08/2023 OMB Control Number: 3046 Expiration Date: 08/31/20				
				-		E OF RI	E PORT				•					
		SECT					TIFICA	TION								
OFS COMPANY ID		одел	101(1	131/11	LOIL	I IDE		OYER N	AME							
6263512						SEAL	ED AIF	COR	PORAT	ION						
ADDRESS							Cl	TY/TOV	/N			STATE		ZIP CC	DE	
2415 CASCADE POINT	E BOU	ILEVAF	RD				CH	ARLO1	TE			NC		2820)8	
SECTION C - HI	EADQU	ARTE	RS OR	ESTAB	LISHN	/IENT-I	EVEL	IDENT	IFICA'	ΓΙΟΝ (if a	pplica	ıble)				
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ					-LEVEL N.	AME					
R014831						AUST	IN FOA	M PLA	STICS	INC						
HEADQUARTERS OR ESTABLISHMI	ENT-LEV													DE		
2933 A.W. GRIMES	BOULEVARD PFLUGERVILLE											TX	64			
	SECTI	SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 741962564														
X YES (Employer Is Eligible							GELIGI			NO LONG	GER I	N BUSI	NESS			
SEG	CTION						SIGNA'		if applic	able)						
YES (Single-Establishm	ent Emr		•						nent Em	plover is F	ederal	Contrac	ctor)			
X YES (I	•	•								•						
IES (I	reauqua							-		s Federal (actor)			
							MATIC									
326150										ufacturing]					
	SE	CTION	N H – W	ORKF	ORCE		GRAPI								ı	
	Hier		1				Race/E			-4!						
		anic atino			М	ale	NOt	Hispan	IC OF L	atino	Fen	nale				
JOB CATEGORIES		<u>e</u>	a d	ıfrican :an	_	aiian or Slander	ndian or ative	e Races	Ф	or nerican	u	aiian or Islander	ndian or ative	e Races	Row Total	

	Race/Ethnicity														
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	2	1	11	0	0	0	0	1	0	0	0	0	0	0	15
Professionals	4	3	6	1	0	0	0	0	3	0	0	0	0	1	18
Technicians	2	0	1	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	1	0	4	0	0	0	0	0	0	0	0	0	0	0	5
Administrative Support Workers	3	3	1	1	0	0	0	0	2	0	0	0	0	1	11
Craft Workers	1	0	1	0	0	0	0	0	0	0	0	0	0	0	2
Operatives	32	21	5	12	2	0	0	2	2	5	1	0	0	0	82
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	45	28	29	14	2	0	0	3	7	5	1	0	0	2	136
PRIOR 2021 REPORTING YEAR TOTAL	38	30	24	13	1	0	0	3	10	5	0	0	0	1	125

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLO 2022 EMPLOYER IN	Revised 08/2023 OMB Control Number: 3046-004 Expiration Date: 08/31/2024											
	SECTION A -	TYPE OF REPORT	l .									
		HMENT REPORT										
	SECTION B – EMPL	OYER IDENTIFICATION										
OFS COMPANY ID 6263512		EMPLOYER NAME SEALED AIR CORPORATION										
ADDRESS CITY/TOWN STATE ZIP COI												
2415 CASCADE POINT	CHARLOTTE	NC	28208									
SECTION C – HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)												
HQ/ESTABLISHMENT-LEVEL UNIT ID HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME												
JN72230 SEALED AIR CRYOVAC DIVISION												
HEADQUARTERS OR ESTABLISHM	ENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
300 LANG E	BLVD	GRAND ISLAND	NY	14072								
		DENTIFICATION NUMBER (EIN) 1682767										
	SECTION E - EMPLO	YER FILING ELIGIBILITY										
X YES (Employer Is Eligible	e to File) NO (Employer Is No	t Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS								
SE		ACTOR DESIGNATION (if applicable) EI): UNAVAILABLE										
☐ YES (Single-Establishm	nent Employer is Federal Contracto	or) X YES (Multi-Establishment Employer is Federal	eral Contracto	or)								
X YES (I	Headquarters is Federal Contracto	r) X YES (Non-Headquarters Establishment is Fe	deral Contrac	tor)								
	X YES (One or More	e Non-Headquarters Establishments is Federal Con	ntractor)									
		AICS INFORMATION Administrative Services										
		RCE DEMOGRAPHIC DATA										
		Race/Ethnicity										
	Hispanic	Not Hispanic or Latino										

	Hispanic Not Hispanic or Latino														
	or L	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	10	1	0	0	0	0	0	0	1	0	0	0	12
Professionals	1	0	20	1	2	0	0	0	2	0	1	0	0	0	27
Technicians	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	1	0	0	0	0	0	1	0	0	0	0	0	2
Craft Workers	0	0	3	0	0	0	0	0	0	0	0	0	0	0	3
Operatives	0	0	2	0	0	0	0	0	1	0	0	0	0	0	3
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2022 REPORTING YEAR TOTAL	1	0	39	2	2	0	0	0	4	0	2	0	0	0	50

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

No Comments Provided

PRIOR 2021 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2022 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)										Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 08/31/2024				
		-		- TYPI	-	_	•			•				
	~=-			ISHMEI		_								
OFS COMPANY ID	SEC	TION B	– EMI	LOYE	R IDEN			IAME						
6263512	EMPLOYER NAME SEALED AIR CORPORATION													
ADDRESS			C	ITY/TOV	VN		STATE ZIP COD							
2415 CASCADE POIN			CH	IARLO	ΓΤΕ			NC		2820	8			
SECTION C - HEADQUARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID	HEADQUARTERS OR ESTABLISHMENT-LEVEL NAME													
JN66378	AUTOMATED PACKAGING													
HEADQUARTERS OR ESTABLISHM			C	ITY/TOV	VN			STATE		ZIP CC	DE			
10175 PHILIF			STR	EETSB	ORO	O OH 4424								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 340921189														
SECTION E – EMPLOYER FILING ELIGIBILITY														
X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS														
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)														
Unique Entity ID (UEI): UNAVAILABLE ■ YES (Single-Establishment Employer is Federal Contractor) YES (Multi-Establishment Employer is Federal Contractor)														
X YES	(Headquarters is	Federal	Contrac	ctor) 🔀	YES (N	lon-Hea	dquarter	s Establ	ishment	is Feder	al Contr	actor)		
		YES (Or						nments i	s Federa	al Contra	actor)			
		SECTIO 561110												
	SECTIO	N H – V	VORKE	ORCE	DEMO	GRAPI	HIC DA	TA						
						Race/E	thnicit	у						
	Hispanic					Not	Hispar	nic or L	atino					
	or Latino		1	M	ale				1	Fer	nale	1		
					- i	_	s				- i	_	s	

	SE	CHO	4 TT _ A	OKK	ONCE	DEMO	UKALI	HC DA	ın							
							Race/E	thnicit	у							
JOB CATEGORIES	Hisp	anic					Not Hispanic or Latino									
	or Latino		Male Female													
	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total	
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
First/Mid-Level Officials and Managers	0	0	21	0	2	0	0	0	4	1	0	0	0	0	28	
Professionals	1	1	51	0	2	0	1	1	13	0	0	0	0	0	70	
Technicians	3	0	15	0	0	0	0	0	0	0	0	0	0	0	18	
Sales Workers	1	0	19	0	0	0	0	0	4	0	0	0	0	0	24	
Administrative Support Workers	1	1	11	3	0	0	0	0	18	7	0	0	0	0	41	
Craft Workers	1	0	13	1	0	0	0	0	0	0	0	0	0	0	15	
Operatives	0	0	25	9	0	0	0	1	9	2	0	0	0	0	46	
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	
CURRENT 2022 REPORTING YEAR TOTAL	7	2	155	13	4	0	1	2	48	10	0	0	0	0	242	
PRIOR 2021 REPORTING YEAR TOTAL	3	2	179	12	1	0	1	1	53	10	1	0	0	0	263	

SECTION I – WORKFORCE SNAPSHOT PERIOD 12/25/2022 - 12/31/2022

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)