

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jan 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000004833 (8)

1. Corporation Name

EMERIK PROPERTIES CORP.



Principal Place of Business

C/O KRASNE & MELLON, LLP
9440 SANTA MONICA BLVD SUITE 610
BEVERLY HILLS CA 90210
US

Mailing Address

C/O KRASNE & MELLON
9440 SANTA MONICA BLVD SUITE 610
BEVERLY HILLS CA 90210-4610
US

3. Date Incorporated or Qualified

10/06/1995

3a. Date of Last Report

03/29/1996

4. FEI Number

95-2836935

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

2. Principal Place of Business

21 Suite Apt. # etc

2a. Mailing Address

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME C/O KRASNE & MELLON, LLP
STREET ADDRESS 9440 SANTA MONICA BLVD SUITE 610
CITY-ST-ZIP BEVERLY HILLS CA

DELETE

TITLE VD
NAME C/O KRASNE & MELLON, LLP
STREET ADDRESS 9440 SANTA MONICA BLVD SUITE 610
CITY-ST-ZIP BEVERLY HILLS CA

DELETE

TITLE S
NAME C/O KRASNE & MELLON LLP
STREET ADDRESS 9440 SANTA MONICA BLVD SUITE 610
CITY-ST-ZIP BEVERLY HILLS CA

DELETE

TITLE CD
NAME C/O KRASNE & MELLON LLP
STREET ADDRESS 9440 SANTA MONICA BLVD 610
CITY-ST-ZIP BEVERLY HILLS CA

DELETE

TITLE T
NAME KOMSKY, H D
STREET ADDRESS #3 DEL AMO FASHION CENTER
CITY-ST-ZIP TORRANCE CA

DELETE

TITLE D
NAME JONES, JAMES A
STREET ADDRESS #3 DEL AMO FASHION CENTER
CITY-ST-ZIP TORRANCE CA

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME KRASNE, JAMES L.
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

2.1 TITLE
2.2 NAME GLAZER, ERIKA J.
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

3.1 TITLE
3.2 NAME MALMgren, ARTHUR G.
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

4.1 TITLE
4.2 NAME GLAZER, EMERSON U.
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/9/97

(310) 786-2150

Date Daytime Phone

CR2E034 (9/96)

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

P062 909 702

**PROFIT
CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 626225 (7)

1. Corporation Name:
WWF PAPER CORPORATION-FLORIDA



Principal Place of Business
**TWO BALA PLAZA
BALA CYNWYD, PENNA 19004**

Mailing Address
**TWO BALA PLAZA
BALA CYNWYD, PENNA 19004-1501**

3. Date Incorporated or Qualified
07/01/1979

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1919544

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip

Country

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **AS** ☐ DELETE
NAME **GREGG, GLORIA E**
STREET ADDRESS **340 DUNDEE DRIVE**
CITY - ST - ZIP **BLUE BELL PA**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE **D** ☒ DELETE
NAME **FURLONG, IRWIN T**
STREET ADDRESS **404 SUMMIT STREET**
CITY - ST - ZIP **LAMOYNE PA**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **FURLONG, MARIE R**
STREET ADDRESS **1209 HANDALE LANE**
CITY - ST - ZIP **GALDWYNE PA**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **BONOWITZ, SHELDON M**
STREET ADDRESS **1 LIBERTY PLACE**
CITY - ST - ZIP **PHILADELPHIA PA**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

TITLE **D** ☐ DELETE
NAME **SERGIO, GEORGE D**
STREET ADDRESS **515 FISHERS ROAD**
CITY - ST - ZIP **BRYN MAWR PA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE **VP** ☐ DELETE
NAME **PALMER, DONALD H**
STREET ADDRESS **21 PALMER LANE**
CITY - ST - ZIP **MEDIA PA**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an addition page.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASST SEC Y

01/10/97

Date

(610) 667-9210

Daytime Phone #

CR2E034 (9/96)