

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **F96000002079**

1. Entity Name
NATIONAL PAPER & PACKAGING CO.

FILED
Jul 19, 2000 8:00 am
Secretary of State

07-19-2000 90026 011 ***550.00

Principal Place of Business
**26401 RICHMOND ROAD
BEDFORD HTS. OH 44146**

Mailing Address
**26401 RICHMOND ROAD
BEDFORD HTS. OH 44146**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **34-0966857**

Applied For
 Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE Delete
NAME **PD GROVER, BRENT R**
STREET ADDRESS **31731 MEADOWLARK WAY**
CITY-ST-ZIP **PEPPER PIKE OH 44124**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **HORNER, ARTHUR J**
STREET ADDRESS **410 HAZELWOOD DRIVE**
CITY-ST-ZIP **CHAGRIN FALLS OH 44022**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **SD GROVER, JEFFREY H**
STREET ADDRESS **17381 OLD TANNERY TRAIL**
CITY-ST-ZIP **BAINBRIDGE OH 44022**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **M HAWVERMALE, GARY E**
STREET ADDRESS **4862 SWETLAND BLVD**
CITY-ST-ZIP **RICHMOND HEIGHTS OH 44143**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME **Vice President Brown, Kenneth G.**
STREET ADDRESS **8278 Lucerne Dr.**
CITY-ST-ZIP **Chagrin Falls, OH 44022**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED **GARY E. Hawvermale 7/11/00 (216)514-7000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)