

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000003247

1. Entity Name

WWF PAPER CORPORATION

FILED
Mar 02, 2000 8:00 am
Secretary of State

03-02-2000 90086 016 ***150.00

Principal Place of Business

Mailing Address

NORTH ROCKY POINT DRIVE EAST
 225 AND 228
 FL 33607

TWO BALA PLAZA
 BALA CYNWYD PA 19004-1501

00029235



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

23-1939269

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

Name

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

City

FL

Zip Code

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 \$150.00
After MAY 1, 2000 Fee will be \$550.00
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	DP	<input type="checkbox"/> Delete
NAME	FURLONG, EDWARD V JR	
STREET ADDRESS	TWO BALA PLAZA	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SERGIO, GEORGE D	
STREET ADDRESS	TWO BALA PLAZA	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	VD	<input type="checkbox"/> Delete
NAME	WITTMAN, PETER	
STREET ADDRESS	TWO-BALA-PLAZA	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	D	<input type="checkbox"/> Delete
NAME	PIETRAFETTA, PHILIP F	
STREET ADDRESS	TWO BALA PLAZA	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, ELMER	
STREET ADDRESS	TWO BALA PLAZA	
CITY-ST-ZIP	BALA CYNWYD PA 19004	
TITLE	D	<input type="checkbox"/> Delete
NAME	CURTIN, JOHN R	
STREET ADDRESS	TWO BALA PLAZA	
CITY-ST-ZIP	BALA CYNWYD PA 19004	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ryan, Thomas J.	
STREET ADDRESS	Two Bala Plaza	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larson, Stephen C.	
STREET ADDRESS	Two Bala Plaza	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonovitz, Sheldon M., Esq.	
STREET ADDRESS	Two Bala Plaza	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Palmer, Donald H.	
STREET ADDRESS	Two Bala Plaza	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Staff, Kenneth C.	
STREET ADDRESS	Two Bala Plaza	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Gregg, Gloria E.	
STREET ADDRESS	Two Bala Plaza	
CITY-ST-ZIP	Bala Cynwyd, PA 19004	

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Gloria E. Gregg

2/15/00

(610) 667-9210

CR2E034 (9/99)