

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2000 8:00 am
Secretary of State

05-26-2000 90095 035 ***150.00

DOCUMENT # F99000006508

1. Entity Name

CARAUSTAR INDUSTRIAL AND CONSUMER PRODUCTS GROUP

Principal Place of Business

Mailing Address

**2031 CAROLINA PLACE
 FORT MILL SC 29715**

**2031 CAROLINA PLACE
 FORT MILL SC 29715**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

34-1662420

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY
 1201 HAYS STREET
 TALLAHASSEE FL 32301-2525**

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

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	P	<input type="checkbox"/> Delete
NAME	RUSSELL, JIMMY A	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MCMILLAN, LARRY F	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNYDER, JOHN D II	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	PFEIFER, NORMAN F	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	PENDER, ROBERT G	
STREET ADDRESS	2031 CAROLINA PLACE	
CITY-ST-ZIP	FORT MILL SC 29715	
TITLE	V	<input type="checkbox"/> Delete
NAME	SNYDER, FRANK S	
STREET ADDRESS	2866 SUMMER CREEK COURT	
CITY-ST-ZIP	ROCK HILL SC 29732	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FRED E. GARRISON	
STREET ADDRESS	2031 Carolina Place	
CITY-ST-ZIP	Fort Mill, S.C. 29708	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(l), 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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/2000 803-548-5150
 Date Daytime Phone #

034 (3/99)