

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P05995** (6)

1. Corporation Name
JAMES RIVER PAPER COMPANY, INC.



Principal Place of Business: P.O. BOX 2218, LEGAL DEPT. RICHMOND VA 23217 US
Mailing Address: P. O. BOX 2218, LEGAL DEPT. RICHMOND VA 23217 US

3. Date Incorporated or Qualified: **05/13/1985**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **54-1237819**
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, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 _____ DATE _____

Signature: _____ Title: _____

Signature: _____ Title: _____

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SHOWALTER, E. LEE	
STREET ADDRESS	120 TREDEGAR ST	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	HARE, STEPHEN E.	
STREET ADDRESS	120 TREDEGAR STREET	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BUSH, T N	
STREET ADDRESS	120 TREDEGAR ST	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	CUTCHINS, CLIFFORD A IV	
STREET ADDRESS	120 TREDEGAR ST	
CITY-STATE-ZIP	RICHMOND VA	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	CHRISTIE, FREDERICK W.	
STREET ADDRESS	800 CONNECTICUT AVENUE	
CITY-STATE-ZIP	NORWALK CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	President, Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Add on
12 NAME	DANIEL J. GIRVAN	
13 STREET ADDRESS	190 Tredegar Street	
14 CITY-STATE-ZIP	Richmond VA 23219	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY-STATE-ZIP		
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-STATE-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-STATE-ZIP		
51 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	120 Tredegar Street	
54 CITY-STATE-ZIP	Richmond VA 23219	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Clifford A. Cutchins, IV

2/29/96

(804) 644-5411

DATE OF FILING

CR2E034 (12/95)