

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

**FILED**  
**Mar 26 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P05995 (6)**

1. Corporation Name  
**JAMES RIVER PAPER COMPANY, INC.**



Principal Place of Business P.O. BOX 2218, LEGAL DEPT. RICHMOND VA 23218 US	Mailing Address P. O. BOX 2218, LEGAL DEPT. RICHMOND VA 23218-2218 US
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2. Principal Place of Business 21 <b>120 TREDEGAR Street</b> Suite, Apt. #, etc	2a. Mailing Address 26 _____ Suite, Apt. #, etc	3. Date Incorporated or Qualified <b>05/13/1985</b>	3a. Date of Last Report <b>03/08/1996</b>
22 City & State 23 <b>Richmond VA</b>	27 City & State 28 _____	4. FEI Number <b>54-1237819</b>	Applied For Not Applicable
24 <b>23219</b>	29 _____	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
25 _____	30 _____	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
9. Name and Address of Current Registered Agent <b>THE PRENTICE-HALL CORPORATION SYSTEM, INC.                  1201 HAYS STREET                  SUITE 105                  TALLAHASSEE FL 32301</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83 _____	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0432 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 of the principal officer or registered agent, and the filer if applicable. (NOTE: Registered Agent's signature required when registering.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GIRVAM, DANIEL</b>	1.2 NAME	<b>DANIEL J. GIRVAN</b>
STREET ADDRESS	<b>120 TREDEGAR STREET</b>	1.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>RICHMOND VA</b>	1.4 CITY-STATE-ZIP	
TITLE	<b>VTD</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HARE, STEPHEN E.</b>	2.2 NAME	
STREET ADDRESS	<b>120 TREDEGAR STREET</b>	2.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>RICHMOND VA</b>	2.4 CITY-STATE-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BUSH, T N</b>	3.2 NAME	
STREET ADDRESS	<b>120 TREDEGAR ST</b>	3.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>RICHMOND VA</b>	3.4 CITY-STATE-ZIP	
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CUTCHINS, CLIFFORD A IV</b>	4.2 NAME	
STREET ADDRESS	<b>120 TREDEGAR ST</b>	4.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>RICHMOND VA</b>	4.4 CITY-STATE-ZIP	
TITLE	<b>AS</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CHRISTIE, FREDERICK W.</b>	5.2 NAME	
STREET ADDRESS	<b>120 TREDGAR STREET</b>	5.3 STREET ADDRESS	
CITY-STATE-ZIP	<b>RICHMOND VA</b>	5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	<b>V.T.D Michael J. ALLAN</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>120 TREDEGAR Street</b>
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	<b>Richmond VA 23219</b>

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: *C. A. Cutchins* **3-18-97** **804-644-5411**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)