

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

1-2

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
		DOCUMENT # P27163 (5) 1. Corporation Name SMURFIT PAPERBOARD INC.



Principal Place of Business 401 ALTON STREET ALTON FL 62002 US	Mailing Address 401 ALTON ST. ALTON FL 62002
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3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 05/01/1995
4. FEI Number 43-1531059	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	10. Name and Address of New Registered Agent B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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, typed or printed name of registered agent and title if applicable. (NOT: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	GP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALLOY, J. B.	1.2 NAME	P/CEO
STREET ADDRESS	8182 MARYLAND AVE-11 FL	1.3 STREET ADDRESS	M. W. J. SMURFIT, JR.
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	8182 Maryland Ave
TITLE	VCF <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUNKE, J.R.	2.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.11 FL	2.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WANDMACHER, W.N.	3.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.11 FL	3.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARRA, R.P.	4.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.11 FL	4.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINRICHS, CHARLES	5.2 NAME	C.A. HINRICHS
STREET ADDRESS	8182 MARYLAND AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIERNEY, M.E.	6.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE.11 FL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	6.4 CITY-ST-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: John B. Funke Date: 4-26-96 Daytime Phone #: 618-463-6000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

SMURFIT PAPERBOARD INC. - DELAWARE

OFFICERS

<u>NAME</u>	<u>TITLE</u>
J. B. Malloy	Chairman
M. W. J. Smurfit, Jr.	President and Chief Executive Officer
J. R. Funke	Vice President and Chief Financial Officer
C. A. Hinrichs	Vice President & Treasurer
M. E. Tierney	Vice President & Secretary
W. N. Wandmacher	Vice President
C. A. Hunt	Assistant Secretary
R. P. Marra	Assistant Treasurer

DIRECTORS

<u>NAME</u>	<u>TITLE</u>
J. B. Malloy	Chairman
M. W. J. Smurfit, Jr.	President and Chief Executive Officer
J. R. Funke	Vice President and Chief Financial Officer
W. N. Wandmacher	Vice President

BUSINESS MAILING ADDRESS FOR THE ABOVE:

8182 Maryland Avenue, 11th Floor
St. Louis, MO 63105