

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

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 62002-2437
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 05/01/1996
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.	4. FEI Number 43-1531059	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMURFIT, M.W.J. J	1.2 NAME	
STREET ADDRESS	8182 MARYLAND AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ST LOUIS MO	1.4 CITY-ST-ZIP	
TITLE	VCF <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FUNKE, J.R.	2.2 NAME	MOORE, P.J.
STREET ADDRESS	8182 MARYLAND AVE.11 FL	2.3 STREET ADDRESS	8182 Maryland Ave.
CITY-ST-ZIP	ST LOUIS MO	2.4 CITY-ST-ZIP	ST LOUIS, MO
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 type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINRICHS, C.A.	5.2 NAME	
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 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 _____ **4/25/97**

CR2E034 (9/96)

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
P. J. Moore	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
P. J. Moore	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