FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIV. OF CORPORATIONS
95 APR -4 AM 11:09

DOCUMENT # **842716** **(3)**

1. Corporation Name

UNISOURCE WORLDWIDE, INC.

Principal Place of Business	Mailing Address
% ALCO STANDARD CORPORATION P.O. BOX 834 VALLEY FORGE PA 19482	% ALCO STANDARD CORPORATION P.O. BOX 834 VALLEY FORGE PA 19482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/01/1979**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: **13-5369500** ☐ Applied For ☐ Not Applicable

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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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 _____ (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	P	11 TITLE	P	☒ Change ☐ Addition
NAME	PETERSON, RAYMOND A.	12 NAME	William T. Leith	
STREET ADDRESS	825 DUPORTAIL RD	13 STREET ADDRESS	6454 Cecil Avenue	
CITY-ST-ZIP	WAYNE PA 19087	14 CITY-ST-ZIP	Clayton MO 63105	
TITLE	V	21 TITLE	V	☒ Change ☐ Addition
NAME	FLEMING, JAMES R.	22 NAME	Richard Eisenstaedt	
STREET ADDRESS	825 DUPORTAIL RD	23 STREET ADDRESS	190 Woodstock Rd.	
CITY-ST-ZIP	WAYNE PA 19087	24 CITY-ST-ZIP	Villanova PA 19085	
TITLE	V	31 TITLE		☒ Change ☐ Addition
NAME	~~MCKIERNAN, JOHN J.~~	32 NAME		
STREET ADDRESS	~~825 DUPORTAIL RD~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~WAYNE PA 19087~~	34 CITY-ST-ZIP		
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	BREWER, O. GORDON, JR.	42 NAME		
STREET ADDRESS	825 DUPORTAIL RD	43 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087	44 CITY-ST-ZIP		
TITLE	AT	51 TITLE		☐ Change ☐ Addition
NAME	DEAY, STEPHEN K.	52 NAME		
STREET ADDRESS	825 DUPORTAIL RD	53 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087	54 CITY-ST-ZIP		
TITLE	S	61 TITLE		☐ Change ☐ Addition
NAME	CRONEY, J. KENNETH	62 NAME		
STREET ADDRESS	825 DUPORTAIL RD	63 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087	64 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)(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 the address.

SIGNATURE: _____ 3/27/95 (610) 296-8000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #

047A93 FP