

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000004860

Entity Name: CITY PAPER COMPANY

FILED  
Mar 26, 2009  
Secretary of State

**Current Principal Place of Business:**

3700 FIRST AVE NORTH  
BIRMINGHAM, AL 35222

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 1968  
BIRMINGHAM, AL 35201

**New Mailing Address:**

FEI Number: 63-0252332

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: C ( ) Delete  
Name: FRIEDMAN, PAUL  
Address: 4108 OLD LEEDS RD  
City-St-Zip: BIRMINGHAM, AL 35213

Title: P ( ) Delete  
Name: FRIEDMAN, PAUL JR  
Address: 3442 RIVER BEND RD  
City-St-Zip: BIRMINGHAM, AL 35243

Title: VP ( ) Delete  
Name: FRIEDMAN, MARK  
Address: 3732 LOCKSLEY DR  
City-St-Zip: BIRMINGHAM, AL 35223

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALTON L. PAYNE

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

CONT

03/26/2009

\_\_\_\_\_ Date