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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 652681			
1. Corporation Name HERITAGE PAPER COMPANY, INC. OF ORLANDO			
Principal Place of Business 2640 MERCY DR. P.O. BOX 15098 ORLANDO FL 32808-3804		Mailing Address 2640 MERCY DR. P.O. BOX 15098 ORLANDO FL 32808-3804	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	
9. Name and Address of Current Registered Agent PURSER, ROBERT F., SR. 4011 MORTON ST. JACKSONVILLE FL 32217		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 TITLE PD <input type="checkbox"/> DELETE NAME PURSER, ROBERT F., SR. STREET ADDRESS 7551 HOLLYRIDGE CIR CITY-ST-ZIP JACKSONVILLE FL TITLE D <input type="checkbox"/> DELETE NAME MURPHREE, JOHN A.H., JR. STREET ADDRESS 822 N.W. 107TH TERRACE CITY-ST-ZIP GAINESVILLE FL TITLE D <input type="checkbox"/> DELETE NAME BUCKNER, JOHN H. STREET ADDRESS 4309 BLUE HERON DR CITY-ST-ZIP PONTE VEDRA BEACH FL TITLE D <input type="checkbox"/> DELETE NAME PURSER, ROBERT F., JR. STREET ADDRESS 10137 GOLF CLUB DR. CITY-ST-ZIP JACKSONVILLE FL TITLE D <input type="checkbox"/> DELETE NAME POLK, SAMUEL STREET ADDRESS 1721 GREEN ACRES DR CITY-ST-ZIP VIDALIA GA TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP			

SIGNATURE:

Robert F. Purser
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-5-99 904 737-6103
Date Daytime Phone #

CR2E034 (11/98)