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

APPROVED AND FILED

95 MAY -1 PM 8:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **805616** **(0)**

1. Corporation Name

SCOTT PAPER COMPANY

Principal Place of Business	Mailing Address
TAX DIVISION SCOTT PLAZA ONE PHILADELPHIA PA 19113	TAX DIVISION SCOTT PLAZA ONE PHILADELPHIA PA 19113

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 04/23/1943
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 23-1065080 ☐ 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

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☒ Change ☐ Addition
NAME	LEAMAN, J. RICHARD J	12 NAME	Delete	
STREET ADDRESS	317 BOOT RD.	13 STREET ADDRESS		
CITY-ST-ZIP	MALVERN PA	14 CITY-ST-ZIP		
TITLE	CD	21 TITLE		☒ Change ☐ Addition
NAME	DUNLAP, ALBERT J.	22 NAME		
STREET ADDRESS	21338 JUEGO CIRCLE, BUILDING 11B	23 STREET ADDRESS	Scott Plaza I	
CITY-ST-ZIP	BOCA RATON FL	24 CITY-ST-ZIP	Philadelphia, PA 19113	
TITLE	S	31 TITLE	~~S~~	☐ Change ☐ Addition
NAME	FORD, STEPHEN D.	32 NAME	~~Murtaugh, John P.~~	
STREET ADDRESS	5 CONCORD MEETING RD.	33 STREET ADDRESS	~~701 Oak Springs Road~~	
CITY-ST-ZIP	GLEN MILLS PA	34 CITY-ST-ZIP	~~Bryn Mawr, PA 19010~~	
TITLE	V	41 TITLE		☒ Change ☐ Addition
NAME	SCHREGEL, PAUL N.	42 NAME	Delete	
STREET ADDRESS	SCHOOL LANE	43 STREET ADDRESS		
CITY-ST-ZIP	MOYLAN PA	44 CITY-ST-ZIP		
TITLE	V	51 TITLE		☐ Change ☐ Addition
NAME	BETZ, EDWARD B	52 NAME		
STREET ADDRESS	2023 FOX CREEK RD	53 STREET ADDRESS		
CITY-ST-ZIP	BERYWYN PA	54 CITY-ST-ZIP		
TITLE	V	61 TITLE		☒ Change ☐ Addition
NAME	BAKHRU, ASHOK N	62 NAME	Delete	
STREET ADDRESS	14 DOGWOOD LANE	63 STREET ADDRESS		
CITY-ST-ZIP	GLEN MILLS PA	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 an address.

SIGNATURE: Edward B Betz — EDWARD B. Betz — (610) 522-6391
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Vice-President & Controller

0477144 FP