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 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # 817894 (9)

1. Corporation Name

GILMAN PAPER COMPANY

Principal Place of Business	Mailing Address
1000 OSBORNE ST. P.O.BOX 878 ST.MARYS GA 31558	1000 OSBORNE ST. P.O.BOX 878 ST.MARYS GA 31558

3. Date Incorporated or Qualified: 04/27/1964
3a. Date of Last Report: 03/01/1994
4. FEI Number: 13-1824428 ☐ 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

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 ___

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

12. OFFICERS AND DIRECTORS

TITLE	VT
NAME	FAIELLA, JOHN R
STREET ADDRESS	111 W 50TH ST
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	VT
NAME	PALLEN, MICHAEL
STREET ADDRESS	1000 OSBORNE ST.
CITY-ST-ZIP	ST MARYS GA
TITLE	CD
NAME	GILMAN, HOWARD
STREET ADDRESS	111 W 50TH ST
CITY-ST-ZIP	NEW YORK, NY 0
TITLE	VCD
NAME	HOLDEN, HAROLD H
STREET ADDRESS	111 W 50TH ST
CITY-ST-ZIP	NEW YORK, NY 00000
TITLE	PD
NAME	DAVIS, WILLIAM H
STREET ADDRESS	1000 OSBORNE ST.
CITY-ST-ZIP	ST MARYS GA
TITLE	AS
NAME	SORRENTINO, DOMINICK
STREET ADDRESS	1000 OSBORNE ST
CITY-ST-ZIP	ST MARYS GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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)(k), 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: Dominick Sorrentino DOMINICK SORRENTINO 04.24.95 (912)882-0402

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04?8837 FP