

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 16 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 817894 (9)

1. Corporation Name  
GILMAN PAPER COMPANY

## Principal Place of Business

1000 OSBORNE ST.  
P.O. BOX 878  
ST. MARYS GA 31558

## Mailing Address

1000 OSBORNE ST.  
P.O. BOX 878  
ST. MARYS GA 31558-0878

## 3. Date Incorporated or Qualified

04/27/1964

## 3a. Date of Last Report

04/29/1996

## 4. FEI Number

13-1824428

## Applied For

Not Applicable

## 5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐

Yes

☐

No

## 2. Principal Place of Business

## 2a. Mailing Address

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

24 Country

25

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## 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

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	VT	<input type="checkbox"/> DELETE
NAME	FAIELLA, JOHN R	
STREET ADDRESS	111 W 50TH ST	
CITY - ST - ZIP	NEW YORK, NY 00000	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	PALLEN, MICHAEL	
STREET ADDRESS	1000 OSBORNE ST.	
CITY - ST - ZIP	ST MARYS GA	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	GILMAN, HOWARD	
STREET ADDRESS	111 W 50TH ST	
CITY - ST - ZIP	NEW YORK, NY 0	
TITLE	VCD	<input checked="" type="checkbox"/> DELETE
NAME	HOLDEN, HAROLD H	
STREET ADDRESS	111 W 50TH ST	
CITY - ST - ZIP	NEW YORK, NY 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DAVIS, WILLIAM H	
STREET ADDRESS	1000 OSBORNE ST.	
CITY - ST - ZIP	ST. MARYS GA	
TITLE	AS	<input type="checkbox"/> DELETE
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	<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 checked="" type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	Heider, James
4.4 CITY - ST - ZIP	1000 Osborne St. St. Marys, GA 31558
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	

14. I do hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0475648

CR2E034 (9/96)

DOMINICK SORRENTINO 04.17.97 (912)882-0402