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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **833179** (5)

1. Corporate Name
WESTVACO CORPORATION

Principal Place of Business
**299 PARK AVENUE
NEW YORK NY 10171**

Mailing Address
**1011 BOULDER SPRINGS DR
RICHMOND VA 23225-4950
US**



3. Date Incorporated or Qualified **10/10/1974** 3a. Date of Last Report **05/01/1996**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

13-1466285

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24

25

29

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

T ☐ DELETE
NAME **BEAVER, WILLIAM S.**
STREET ADDRESS **8 ROOSEVELT AVE**
CITY-ST-ZIP **LARCHMONT NY**

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

PD ☐ DELETE
NAME **LUKE, JOHN A JR**
STREET ADDRESS **81 CANOE HILL ROAD**
CITY-ST-ZIP **NEW CANAAN CT**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

D ☐ DELETE
NAME **LUKE, JOHN A. SR**
STREET ADDRESS **377 OENOK RIDGE ROAD**
CITY-ST-ZIP **NEW CANAAN CT**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

VS ☐ DELETE
NAME **HETHERINGTON, JOHN W**
STREET ADDRESS **697 VALLEY ROAD**
CITY-ST-ZIP **NEW CANAAN CT**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

V ☐ DELETE
NAME **ELSER, RODNEY C.**
STREET ADDRESS **1470 MOREWOOD DRIVE**
CITY-ST-ZIP **POWHATAN VA**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

V ☐ DELETE
NAME **STOVEKEN, JAMES E. JR.**
STREET ADDRESS **20 ALSTON CT.**
CITY-ST-ZIP **RED BANK NJ**

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 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.

John F. Blundell

SIGNATURE: *[Signature]*

Asst. Comptroller 4/28/97 (804) 327-7900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0000887

CR2E034 (9/96)