

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

**FILED**  
**May 01 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 833179 (5)**  
 1. Corporation Name  
**WESTVACO CORPORATION**



Principal Place of Business <b>299 PARK AVENUE NEW YORK NY 10171</b>	Mailing Address <b>1011 BOULDER SPRINGS DR RICHMOND VA 23225 US</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>10/10/1974</b>	
4. FEI Number <b>13-1466285</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>	10. Name and Address of New Registered Agent
	81 Name
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEAVER, WILLIAM S.</b>	1.2 NAME	
STREET ADDRESS	<b>6 ROOSEVELT AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LARCHMONT NY</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LUKE, JOHN A JR</b>	2.2 NAME	
STREET ADDRESS	<b>81 CANOE HILL ROAD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LUKE, JOHN A. SR</b>	3.2 NAME	<b>D</b>
STREET ADDRESS	<b>377 OENOKE RIDGE ROAD</b>	3.3 STREET ADDRESS	<b>LUKE, DOUGLAS S.</b>
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	3.4 CITY-ST-ZIP	<b>2617 DELMAR PLACE</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HETHERINGTON, JOHN W</b>	4.2 NAME	
STREET ADDRESS	<b>697 VALLEY ROAD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NEW CANAAN CT</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ELSER, RODNEY C.</b>	5.2 NAME	
STREET ADDRESS	<b>1470 MOREWOOD DRIVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>POWHATAN VA</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STOVEKEN, JAMES E. JR.</b>	6.2 NAME	
STREET ADDRESS	<b>20 ALSTON CT.</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>RED BANK NJ</b>	6.4 CITY-ST-ZIP	

14. I 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 4/24/98 (804) 327-7900**

CR2E034 (10/97)