

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 833179

1. Entity Name

WESTVACO CORPORATION

FILED
May 23, 2000 8:00 am
Secretary of State

05-23-2000 90194 041 ***150.00

Principal Place of Business 299 PARK AVENUE NEW YORK NY 10171	Mailing Address 1011 BOULDER SPRINGS DR RICHMOND VA 23225-4950 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 1011 Boulder Springs Dr. Tax Department
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City & State Richmond, VA	4. FEI Number 13-1466285	Applied For Not Applicable
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Zip 23225-4950	Country U.S.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BEAVER, WILLIAM S. 6 ROOSEVELT AVE LARCHMONT NY	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUKE, JOHN A JR 81 CANOE HILL ROAD NEW CANAAN CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUKE, DOUGLAS S 2533 AQUA VISTA BLVD FORT LAUDERDALE FL 33301	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS HETHERINGTON, JOHN W 697 VALLEY ROAD NEW CANAAN CT	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ELSER, RODNEY C. 1470 MOREWOOD DRIVE POWHATAN VA	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V STOVEKEN, JAMES E. JR. 20 ALSTON CT. RED BANK NJ	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Highcroft, 284 Carpenter Hill Rd. Pine Plains, NY 12567	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **William S. Beaver** **4/24/00** **(212) 688-5000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

00095231
833179

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OUTSIDE DIRECTORS OF WESTVACO CORPORATION

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SAMUEL W. BODMAN III Chairman and CEO Cabot Corporation 75 State Street Boston, MA 02109-1806 Tel: (617) 342 6060 Fax: (617) 342 6049 samuel_bodman@cabot-corp.com	Burroughs Wharf - Apt 612 40 Battery Street Boston, MA 02109-1005 Tel: (617) 367 3940 Fax: (617) 227 1990

*Use underline key.

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**Prefers Ms.*

*** SEND ALL MAIL TO HOME ADDRESS UNTIL FURTHER NOTICE.**

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As of December 1999

C0095231
833129

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