

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
May 08, 2002 8:00 am
Secretary of State

05-08-2002 90123 021 ***150.00

DOCUMENT # 833179
1. Entity Name
WESTVACO CORPORATION

DO NOT WRITE IN THIS SPACE

651080

2. Principal Place of Business MeadWestvaco Corp. World HO Suite, Apt. #, etc. Courthouse Plaza NE		3. Mailing Address 1011 BOULDER SPRINGS DR Suite, Apt. #, etc.	
City & State Dayton, OH		City & State RICHMOND, VA	

DO NOT WRITE IN THIS SPACE

4. FEI Number 131466285	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	
Name CT CORPORATION SYSTEM	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD	
City PLANTATION	FL Zip Code 33324

**DO NOT WRITE
IN THIS SPACE**

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. <input type="checkbox"/>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SEE ATTACHMENT	TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: *John F. Blundell* **John F. Blundell, Asst. Comptroller** 4/30/02 804/327/7900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

ATTACHMENT
833179
681080

WESTVACO CORPORATION

*Officers and Directors
As of September 2001*

Name

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Fax: (212) 318 5104
Richmond, VA
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Fax: (561) 234 2649

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Fax: (804) 327 6450

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*Director

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SECRETARY'S DEPT: 09/01