FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **837296** **(3)**

1. Corporation Name

MARCAL PAPER MILLS, INC.

Principal Place of Business	Mailing Address
1 MARKET ST. ELMWOOD PARK NJ 07407	1 MARKET ST. ELMWOOD PARK NJ 07407

3. Date Incorporated or Qualified: **11/02/1976**

3a. Date of Last Report: **01/31/1995**

2. Principal Place of Business
21 |
Suite, Apt. #, etc.
22 |
City & State
23 |
Zip 24 | Country 25

2a. Mailing Address
26 |
Suite, Apt. #, etc.
27 |
City & State
28 |
Zip 29 | Country 30

4. FEI Number: **22-1091450** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	MARCALUS, ROBERT L		1.2 NAME	MARCALUS, ROBERT L.	
STREET ADDRESS	511 HARTUNG DR		1.3 STREET ADDRESS	142 BREWSTER ROAD	
CITY-ST-ZIP	WYCKOFF, NJ 00000		1.4 CITY-ST-ZIP	WYCKOFF, NEW JERSEY 07481	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARCALUS, NICHOLAS R		2.2 NAME		
STREET ADDRESS	202 BARRISTER COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	WYCKOFF NJ		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOREN, FLORENCE E.		3.2 NAME		
STREET ADDRESS	241 MEADOWBROOK RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	WYCKOFF NJ		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WOOLLEY, C. F.		4.2 NAME		
STREET ADDRESS	1486 S.W. 7TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOYNTON BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	LEWIS, M. F.		5.2 NAME		
STREET ADDRESS	584 CHURCHILL ROAD		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST ENGLEWOOD NJ		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: J E Noren 2/2/96 201-703-6212

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #