2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State
04-30-2004 90313 004 ***150.00

DOCUMENT # 837296

1. Entity 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

03262004 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MARCALUS, ROBERT L 142 BREWSTER ROAD WYCKOFF, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice Chairman-Director Marcalus, Robert L. 142 Brewster Road Wyckoff, NJ 07481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MARCALUS, NICHOLAS R 142 BREWSTER RD WYCKOFF, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Chairman-Pres.-Director Marcalus, Nicholas R. 101 Barrister Ct. Wyckoff, NJ 07481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S NOREN, FLORENCE E. 241 MEADOWBROOK RD. WYCKOFF, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Ass't. Secretary Noren, Florence E. 241 Meadowbrook Road Wyckoff, NJ 07481	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GOLDBERG, JOEL 47 OVERLOOK ROAD MILLINGTON, NJ	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Healey, James 5 Briarwood Court Woodcliff, NJ 07677	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SHAPIRO, DAVID 74 OLD LONG RIDGE ROAD STAMFORD, CN	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Florence E Noren 4/27/04 201-703-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORENCE E. NOREN, ASS'T SECRETARY