2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 02, 2005 8:00 am
Secretary of State
08-02-2005 90031 004 ***550.00

DOCUMENT # 837296

1. Entity Name
MARCAL PAPER MILLS, INC.

50059198

06302005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
1 MARKET ST. ELMWOOD PARK, NJ 07407	1 MARKET ST. ELMWOOD PARK, NJ 07407 ATTN: FLORENCE NOREN

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

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

7. Name and Address of New Registered Agent

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 $550.00
Due by September 7, 2005

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	VCD MARCALUS, ROBERT L ~~142 BREWSTER ROAD~~ ~~WYCKOFF, NJ~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONE MARKET STREET ELMWOOD PARK, NJ 07407-1451
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD MARCALUS, NICHOLAS R ~~181 BARRISTER CT~~ ~~WYCKOFF, NJ 07481~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONE MARKET STREET ELMWOOD PARK, NJ 07407-1451
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS NOREN, FLORENCE E. ~~244 MEADOWBROOK RD.~~ ~~WYCKOFF, NJ~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition ONE MARKET STREET ELMWOOD PARK, NJ 07407-1451
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~D~~ ~~GOLDBERG, JOEL~~ ~~47 OVERLOOK ROAD~~ ~~MILLINGTON, NJ~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR ANTHONY COSCIA ONE MARKET STREET ELMWOOD PARK, NJ 07407-1451 ☐ 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	D HEALEY, JAMES 5 BRIARWOOD COURT WOODCLIFF LAKE, NJ 07677	☐ 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 7/27/2005 201-703-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

FLORENCE E. NOREN, ASS'T. SECRETARY