

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90298 012 ***150.00

DOCUMENT # 841433

1. Entity Name

INLAND PAPERBOARD AND PACKAGING, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

4030 VINCENNES RD
 INDIANAPOLIS IN 46268
 US

303 S TEMPLE DR
 PO DRAWER N
 DIBOLL TX 75941-0814
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2946332

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VS Delete
 NAME HOUSEHOLDER, S.L.
 STREET ADDRESS 6919 WILDWOOD CT.
 CITY-ST-ZIP INDIANAPOLIS IN

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE SDV Delete
 NAME WARNER, RICHARD M
 STREET ADDRESS RT. 10 BOX 9645
 CITY-ST-ZIP LUFKIN TX 75901

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE CCEO Delete
 NAME HOWES, WILLIAM B
 STREET ADDRESS 4030 VINCENNES RD.
 CITY-ST-ZIP INDIANAPOLIS IN

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE AS Delete
 NAME ADAMSON, GRANT F
 STREET ADDRESS 303 S TEMPLE DR.
 CITY-ST-ZIP DIBOLL TX 75941

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE V Delete
 NAME DONEY, BART J
 STREET ADDRESS 4030 VINCENNES RD.
 CITY-ST-ZIP INDIANAPOLIS IN

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE D Delete
 NAME GRUM, CLIFFORD
 STREET ADDRESS 303 SOUTH TEMPLE DR; PO DRAWER N
 CITY-ST-ZIP DIBOLL TX

TITLE D Change Addition
 NAME Harold Maxwell
 STREET ADDRESS 303 S. Temple Drive
 CITY-ST-ZIP Diboll TX 75841

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: *Grant F. Adamson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Grant F. Adamson

Date

4/24/2000

Daytime Phone #