

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 27, 2001 08:00 AM**  
**Secretary of State**

**DOCUMENT # 841433**

1. Entity Name  
 INLAND PAPERBOARD AND PACKAGING, INC.

Principal Place of Business 4030 VINCENNES RD  INDIANAPOLIS IN 46268	Mailing Address 303 S TEMPLE DR PO DRAWER N DIBOLL TX 759412419
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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  
**13-2946332**

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
  
 PLANTATION FL 33324  
 US

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.

SIGNATURE \_\_\_\_\_ DATE **04/27/2001**

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, 2001 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	
TITLE D NAME MAXWELL HAROLD STREET ADDRESS 303 S TEMPLE DRIVE CITY-ST-ZIP DIBOLL TX 75841	<input type="checkbox"/> Delete
TITLE V NAME DONEY BART J STREET ADDRESS 4030 VINCENNES RD. CITY-ST-ZIP INDIANAPOLIS IN	<input type="checkbox"/> Delete
TITLE AS NAME ADAMSON GRANT F STREET ADDRESS 303 S TEMPLE DR. CITY-ST-ZIP DIBOLL TX 75941	<input type="checkbox"/> Delete
TITLE CCEO NAME HOWES WILLIAM B STREET ADDRESS 4030 VINCENNES RD. CITY-ST-ZIP INDIANAPOLIS IN	<input type="checkbox"/> Delete
TITLE SDV NAME WARNER RICHARD M STREET ADDRESS RT. 10 BOX 9645 CITY-ST-ZIP LUFKIN TX 75901	<input type="checkbox"/> Delete
TITLE VS NAME HOUSEHOLDER S.L. STREET ADDRESS 6919 WILDWOOD CT. CITY-ST-ZIP INDIANAPOLIS IN	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** M. Richard Warner **SDV** **04/27/2001**

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

CR2E034 (11/00)