

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra R. Morrison
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -4 AM 11:09

DOCUMENT # 842716

(3)

1. Corporation Name

UNISOURCE WORLDWIDE, INC.

Principal Place of Business

Mailing Address

% ALCO STANDARD CORPORATION
P.O. BOX 834
VALLEY Forge PA 19482

% ALCO STANDARD CORPORATION
P.O. BOX 834
VALLEY Forge PA 19482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/01/1979

3a. Date of Last Report

05/01/1994

4. FEI Number

13-5369500

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and title of application

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME PETERSON, RAYMOND A.
STREET ADDRESS 825 DUPORTAIL RD
CITY - ST - ZIP WAYNE PA 19087

11 TITLE P ☒ Change ☐ Addition
12 NAME William T. Leith
13 STREET ADDRESS 6454 Cecil Avenue
14 CITY - ST - ZIP Clayton MO 63105

TITLE V
NAME FLEMING, JAMES R.
STREET ADDRESS 825 DUPORTAIL RD
CITY - ST - ZIP WAYNE PA 19087

21 TITLE V ☒ Change ☐ Addition
22 NAME Richard Eisenstaedt
23 STREET ADDRESS 190 Woodstock Rd.
24 CITY - ST - ZIP Villanova PA 19085

TITLE V
NAME MCKERNAN, JOHN J.
STREET ADDRESS 825 DUPORTAIL RD
CITY - ST - ZIP WAYNE PA 19087

31 TITLE V ☒ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

TITLE T
NAME BREWER, O. GORDON, JR.
STREET ADDRESS 825 DUPORTAIL RD
CITY - ST - ZIP WAYNE PA 19087

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

TITLE AT
NAME DEAY, STEPHEN K.
STREET ADDRESS 825 DUPORTAIL RD
CITY - ST - ZIP WAYNE PA 19087

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

TITLE S
NAME CRONEY, J. KENNETH
STREET ADDRESS 825 DUPORTAIL RD
CITY - ST - ZIP WAYNE PA 19087

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP

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)(b), Florida Statutes. I further certify that the information indicated on the 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 person 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 attached list with full address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/95

(610) 296-8000