

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

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathum
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001963 (7)

1. Corporation Name

DEERFIELD SPECIALTY PAPERS, INC.

Principal Place of Business

**280 EAST STREET
NEW HAVEN CT 06511**

Mailing Address

**280 EAST STREET
NEW HAVEN CT 06511**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1994

3a. Date of Last Report

4. FEI Number

58-0839938

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

21 4302 Old Savannah Road

Suite, Apt. #, etc.

2a. Mailing Address

20 PO Box 5437

Suite, Apt. #, etc.

22 City & State

23 Augusta, GA

27 City & State

28 Augusta, GA

24 Zip Country

24 30906

29 Zip

29 30916

30 Country

9. Name and Address of Current Registered Agent

**LLERA, KAREN
SUITE 425
5200 BLUE LAGOON DRIVE
MIAMI FL 33126**

10. Name and Address of New Registered Agent

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 if applicable

(NOTE: Registered Agent signature required when consisting)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
BALDRACHI, NORMAN
18 STATION ROAD
RUSSELL MA 01071**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**DV
GALVIN, JAMES N
280 EAST STREET
NEW HAVEN CT 06511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
CAMERA, BARBARA
280 EAST STREET
NEW HAVEN CT 06511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
SMKINS, LEON J
280 EAST STREET
NEW HAVEN CT 06511**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2. 1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3. 1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4. 1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5. 1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6. 1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 110.07(3)(a), Florida Statutes. I further certify that the information indicated on this 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 trustee empowered to execute this report as required by Chapter 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Norman W. Baldrachi
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/95
DATE

System 17000 4