

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F95000000003

1. Entity Name
CASE PAPER CO., INC.



Principal Place of Business

2200 N.W. 119 ST.
MIAMI, FL 33167 US

Mailing Address

500 MAMARONECK AVE
HARRISON, NY 10528

DO NOT WRITE IN THIS SPACE



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number
11-1945820

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BRAZEIL, GLEN
3200 NW 119TH ST.
MIAMI, FL 33167

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees.

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SCHAFER, PETER
STREET ADDRESS	500 MAMARONECK AVE
CITY ST ZIP	HARRISON, NY 10528
TITLE	DVS
NAME	SCHAFER, I. ROBIN
STREET ADDRESS	500 MAMARONECK AVE
CITY ST ZIP	HARRISON, NY 10528
TITLE	D
NAME	SCHAFER, S. ANDREW
STREET ADDRESS	70 WASHINGTON SR S NYU LEGAL DEPT
CITY ST ZIP	NEW YORK, NY 10003
TITLE	D
NAME	SCHAFER, FREDERICK P
STREET ADDRESS	924 WEST END AVE
CITY ST ZIP	NEW YORK, NY 10025
TITLE	CFO
NAME	HOCHSTADT, ALAN
STREET ADDRESS	500 MAMARONECK AVE
CITY ST ZIP	HARRISON, NY 10528
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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07/12/04-80024-017 158.75

**DO NOT WRITE
IN THIS SPACE**

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:

Alan Hochstadt

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/04

(914) 899-3500