

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000003

Entity Name: CASE PAPER CO., INC.

FILED  
Feb 10, 2005  
Secretary of State

## Current Principal Place of Business:

3200 N.W. 119 ST.  
MIAMI, FL 33167 US

## New Principal Place of Business:

## Current Mailing Address:

500 MAMARONECK AVE  
HARRISON, NY 10528

## New Mailing Address:

FEI Number: 11-1945820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

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

## Name and Address of New Registered Agent:

BRAZIEL, GLEN  
3200 NW 119TH ST.  
MIAMI, FL 33167 US

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: GLEN BRAZIEL

02/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: SCHAFER, PETER  
Address: 500 MAMARONECK AVE  
City-St-Zip: HARRISON, NY 10528

Title: DVS ( ) Delete  
Name: SCHAFER, I. ROBIN  
Address: 500 MAMARONECK AVE  
City-St-Zip: HARRISON, NY 10528

Title: D ( ) Delete  
Name: SCHAFER, S. ANDREW  
Address: 70 WASHINGTON SR S NYU LEGAL DEPT  
City-St-Zip: NEW YORK, NY 10003

Title: D ( ) Delete  
Name: SCHAFER, FREDERICK P  
Address: 924 WEST END AVE  
City-St-Zip: NEW YORK, NY 10025

Title: CFO ( ) Delete  
Name: HOCHSTADT, ALAN  
Address: 500 MAMARONECK AVE  
City-St-Zip: HARRISON, NY 10528

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: DVS (X) Change ( ) Addition  
Name: SCHAFER, ROBIN  
Address: 500 MAMARONECK AVE  
City-St-Zip: HARRISON, NY 10528

Title: D (X) Change ( ) Addition  
Name: SCHAFER, S. ANDREW  
Address: 14 WASHINGTON MEWS  
City-St-Zip: NEW YORK, NY 10003

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETER SCHAFER

DP

02/10/2005

Electronic Signature of Signing Officer or Director

Date