

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000000003

Entity Name: CASE PAPER CO., INC.

FILED
Jan 09, 2007
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:

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

Name and Address of New Registered Agent:

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:

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, ROBIN
Address: 500 MAMARONECK AVE
City-St-Zip: HARRISON, NY 10528

Title: D () Delete
Name: SCHAFER, S. ANDREW
Address: 14 WASHINGTON MEWS
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: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
Address:
City-St-Zip:

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 Chapter 119, 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

01/09/2007

Electronic Signature of Signing Officer or Director

Date