


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 03, 1999 8:00 am  
Secretary of State

05-03-1999 90015 010 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # F96000001637</b>					
1. Corporation Name <b>SCOTT PAPER COMPANY</b>					
Principal Place of Business <b>1209 ORANGE ST. WILMINGTON DE 19801</b>			Mailing Address <b>1209 ORANGE ST. WILMINGTON DE 19801</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>04/01/1996</b> 4. FEI Number <b>51-0374287</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 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 reinstating) DATE					
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME FERRUCCI, MARK A STREET ADDRESS 1209 ORANGE ST. CITY-ST-ZIP WILMINGTON DE 19801 TITLE VTS <input type="checkbox"/> DELETE NAME HORNE, ADRIANNE M STREET ADDRESS 1209 ORANGE ST. CITY-ST-ZIP WILMINGTON DE 19801 TITLE VTSD <input type="checkbox"/> DELETE NAME LUTTHANS, KIM E STREET ADDRESS 1209 ORANGE ST. CITY-ST-ZIP WILMINGTON DE 19801 TITLE VS <input type="checkbox"/> DELETE NAME DENNY, C M STREET ADDRESS 1209 ORANGE ST. CITY-ST-ZIP WILMINGTON DE 19801 TITLE VS <input checked="" type="checkbox"/> DELETE NAME WILLIAMS, M L STREET ADDRESS 1209 ORANGE ST. CITY-ST-ZIP WILMINGTON DE 19801 TITLE VS <input type="checkbox"/> DELETE NAME JONES, MICHAEL E STREET ADDRESS 350 N ST. PAUL CITY-ST-ZIP DALLAS TX 19801					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP					

SIGNATURE:

*S. M. A. Ferrucci*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. A. FERRUCCI

4/26/99 (302) 658-7581

Date

Daytime Phone #

CR2E034 (11/98)