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

PROFIT CORPORATION ANNUAL REPORT

1998

STREET ADDRESS

CRY-\$1-7₽



FLORIDA DEPARTMENT OF STATE

Sandra B, Mortham

Aug 27 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

F9700000687 (0) DOCUMENT

Corporation Name

RIVERWOOD-MAGNOLIA CORP

11176110	WALLET OUT .					
Principal Place of Business Mailing Address						
7055 ENGLE RD., #302 7055 ENGLE RD., #302						
MIDDLEBURG	HEIGHTS OH 44130	MIDDLEBURG HEIGHTS	MIDDLEBURG HEIGHTS OH 44130			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						02/10/1997
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				34-1753065 Not Applicable
Suite, Apt.	#, e tc.	Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional
22		27			Fee Required	
City & Stat	e	City & State			Election Campaign Financing \$5.00 May Be	
Zip	Country	Zip Country			Trust Fund Contribution	
24	Country 25	29	30	ountry		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
24	9. Name and Address of Curre		30	1		10. Name and Address of New Registered Agent
KU	SHNER, STEVEN P			81	Name	· · · · · · · · · · · · · · · · · · ·
1375 JACKSON ST., STE. 202				82	Ctroot	et Address (P.O. Box Number is Not Acceptable)
	MYERS FL 33901			62	Sheer	R Address (P.O. Box Norriber Is Not Acceptable)
				83		
				84	City	85 Zip Code
				"	City	FL 8 25 COO
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Florida Sta	tules, the	abov	e-named	ed corporation submits this statement for the purpose of changing its registered
agent. La	m fam iliar with, and accept the obli	igations of Section 607.0505,	Florida S	latute	s.	orporation's board of directors. I hereby accept the appointment as registored
SIGNATURE			<u></u>			
12.	Signature typed or printed name of registered a	agent and title if applicable (N. ND DIRECTORS	IO1E - Regist		ent signature	ure required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	CP	DELETE		TITLE		Change Addition
NAME	LEITCH, JEFFREY			NAME		
STREET ADDRESS	STREET ADDRESS 20950 CENTER RIDGE RD., STE. 303			1.3 STREET ADDRESS		5
CITY-S1-ZIP	ROCKY RIVER OH 44116			CITY - S	i	
TITLE	DVS	DELETE		TITLE		Change Addition
NAME	MEHALL, MARTIN		2.7	NAME		
STREET ADDRESS	7055 ENGLE RD., STE. 302		2.3	STREE 1	ADDRESS	3
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH		2	4 CHY-	ST - ZIP	
TITLE	DT	DELETE	3.1	TITLE		Change Addition
NAME	WEISS, IRVING		3 2	NAME		
STREET ADDRESS	7055 ENGLE RD., #302	44488	33	3 3 STREET ADDRESS		
CITY-ST-ZIP	MIDDLEBURG HEIGHTS OH			I. CITY-	ST-ZIP	
TITLE	[] DELETE			4 1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		;
CITY-ST-ZIP				4.4 CITY-ST-ZIP		
TITLE		DELETE		5.1 TITLE		☐ Change ☐ Addition
NAME				NAME		
STREET ADDRESS			- 6		ADDRESS	5
CITY-ST-7#P		DELETE		CITY-S	7 - ZIP	Change Addition
THILE		ET DEGLE		TITLE		
NAME			6.2	NAME		<u> </u>

14. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same logal 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 12 or Block 13 if changed; or an artifact of the corporation of the corporat 198 (440)234-6500 SIGNATURE:

6.3 STREET ADDRESS