FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY 30 PM 3:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

000001504180
-06/02/95--01018--002
****225.00 ****225.00

DOCUMENT # P01431 (6)

1. Corporation Name

ALCO STANDARD CORPORATION

Principal Place of Business	Mailing Address
825 Duportail Road	P.O. Box 834
WAYNE, PA 19087-5603	Valley Forge, PA 19482

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/29/84

3a. Date of Last Report: 4/28/94

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip / Country
24 / 25

Zip / Country
29 / 30

4. FEI Number: 23-0334400 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
1200 S. Pine Island Road
Plantation, FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	11 TITLE	☐ Change ☐ Addition
NAME	Mundt, Ray B.	12 NAME	
STREET ADDRESS	825 Duportail Rd.	13 STREET ADDRESS	
CITY ST ZIP	Wayne, PA 19087	14 CITY ST ZIP	
TITLE	P/CEO	21 TITLE	☐ Change ☐ Addition
NAME	Stuart, John E.	22 NAME	
STREET ADDRESS	825 Duportail Rd.	23 STREET ADDRESS	
CITY ST ZIP	Wayne, PA 19087	24 CITY ST ZIP	
TITLE	EVP/CFO	31 TITLE	☐ Change ☐ Addition
NAME	Dinkelacker, Kurt E.	32 NAME	
STREET ADDRESS	825 Duportail Rd	33 STREET ADDRESS	
CITY ST ZIP	Wayne, PA 19087	34 CITY ST ZIP	
TITLE	S/GC	41 TITLE	☐ Change ☐ Addition
NAME	Croney, J. Kenneth	42 NAME	
STREET ADDRESS	825 Duportail Rd	43 STREET ADDRESS	
CITY ST ZIP	Wayne, PA 19087	44 CITY ST ZIP	
TITLE	V/P/F	51 TITLE	☐ Change ☐ Addition
NAME	Brewer, O Gordon	52 NAME	
STREET ADDRESS	825 Duportail Rd.	53 STREET ADDRESS	
CITY ST ZIP	Wayne, PA 19087	54 CITY ST ZIP	
TITLE	VP	61 TITLE	☐ Change ☐ Addition
NAME	Deay, Stephen K.	62 NAME	
STREET ADDRESS	825 Duportail Rd	63 STREET ADDRESS	
CITY ST ZIP	Wayne, PA 19087	64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Stephen K. Deay 5/5/95 (610) 296-8000
SIGNATURE AND TYPED OR PRINTED NAME OF MAKING OFFICER OR DIRECTOR — Date — Daytime Telephone Number