FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P01431** **(6)**

1. Corporation Name

ALCO STANDARD CORPORATION

Principal Place of Business	Mailing Address
825 DUPORTAIL ROAD CHESTERBROOK WAYNE PA 19087	P.O. BOX 834 VALLEY FORGE PA 19482

3. Date Incorporated or Qualified: **03/29/1984**
3a. Date of Last Report: **05/30/1995**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MUNDT, RAY B.		1.2 NAME		
STREET ADDRESS	825 DUPORTAIL RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		1.4 CITY-ST-ZIP		
TITLE	PCEO	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STUART, JOHN E.		2.2 NAME		
STREET ADDRESS	825 DUPORTAIL RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA 19087		2.4 CITY-ST-ZIP		
TITLE	EVP	☐ DELETE	3.1 TITLE	EVP	☒ Change ☐ Addition
NAME	DINKELACKER, KURT E.		3.2 NAME	Moulton, Hugh G.	
STREET ADDRESS	825 DUPORTAIL RD.		3.3 STREET ADDRESS	825 Duportail Rd	Chesterbrook
CITY-ST-ZIP	WAYNE PA		3.4 CITY-ST-ZIP	Wayne, PA 19087	
TITLE	SGC	☐ DELETE	4.1 TITLE	VSGC	☐ Change ☐ Addition
NAME	CRONEY, J. KENNETH		4.2 NAME	Croney, J. Kenneth	
STREET ADDRESS	825 DUPORTAIL RD.		4.3 STREET ADDRESS	825 Duportail Rd	Chesterbrook
CITY-ST-ZIP	WAYNE PA		4.4 CITY-ST-ZIP	Wayne, PA 19087	
TITLE	VPF	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BREWER, O. GORDON		5.2 NAME		
STREET ADDRESS	825 DUPORTAIL RD.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	DEAY, STEPHEN K.		6.2 NAME		
STREET ADDRESS	825 DUPORTAIL RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	WAYNE PA		6.4 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: _____ -Secretary 4/26/96 (610)296-8000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
J. Kenneth Croney

CR2E034 (12/95)