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 APR 27 PM 2:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P02540** **(3)**

1. Corporation Name

SHIPPERS PAPER PRODUCTS COMPANY

Principal Place of Business	Mailing Address
C/O TAX DEPT. ILLINOIS TOOL WORKS, ~~7TH FLR~~ VVVVV 3600 WEST LAKE AVENUE GLENVIEW IL 60025-2011	C/O TAX DEPT. ILLINOIS TOOL WORKS, ~~7TH FLR~~ VVVVV 3600 WEST LAKE AVENUE GLENVIEW IL 60025-2011

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/27/1984	3a. Date of Last Report: 05/01/1994
2. Principal Place of Business 21	2a. Mailing Address 26
4. FEI Number: 31-0685864	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
City & State 23	City & State 28
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30
7. 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

31 Name

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

33

34 City — FL — 35 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	ZENTMYER, HUGH	12 NAME	
STREET ADDRESS	3600 W. LAKE AVENUE	13 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	14 CITY ST ZIP	
TITLE	VT	21 TITLE	☐ Change ☐ Addition
NAME	ROBINSON, MICHAEL J.	22 NAME	
STREET ADDRESS	3600 WEST LAKE AVENUE	23 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	24 CITY ST ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BUCKMAN, THOMAS W.	32 NAME	
STREET ADDRESS	3600 WEST LAKE AVENUE	33 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	34 CITY ST ZIP	
TITLE	VSD	41 TITLE	☐ Change ☐ Addition
NAME	STEWART S. HUDNUT	42 NAME	
STREET ADDRESS	3600 WEST LAKE AVENUE	43 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	44 CITY ST ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MCGRATH, ROBERT V	52 NAME	
STREET ADDRESS	3600 WEST LAKE AVENUE	53 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	54 CITY ST ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	BATES, FREDERICK N.	62 NAME	
STREET ADDRESS	3600 WEST LAKE AVENUE	63 STREET ADDRESS	
CITY ST ZIP	GLENVIEW IL	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 addition.

SIGNATURE: Robert V. McGrath — Robert V. McGrath — Vice President, Tax — 4/19/95 — 708-724-7500

SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — TITLE — DATE — TELEPHONE NUMBER

0407760 FP