

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 # P02540 (3)

1. Corporation Name

SHIPPERS PAPER PRODUCTS COMPANY



Principal Place of Business

Mailing Address

C/O TAX DEPT. ILLINOIS TOOL WORKS. ~~XXXX~~
3600 WEST LAKE AVENUE
GLENVIEW IL 60025-2811

C/O TAX DEPT. ILLINOIS TOOL WORKS. ~~XXXX~~
3600 WEST LAKE AVENUE
GLENVIEW IL 60025-2811

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/27/1984

3a. Date of Last Report

04/27/1995

4. FEI Number

31-0685864

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

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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

Signature, typed or printed name of registered agent and filer if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZENTMYER, HUGH
STREET ADDRESS 3600 W. LAKE AVENUE
CITY-ST-ZIP GLENVIEW IL

TITLE VT ☐ DELETE

NAME ROBINSON, MICHAEL J.
STREET ADDRESS 3600 WEST LAKE AVENUE
CITY-ST-ZIP GLENVIEW IL

TITLE V ☐ DELETE

NAME BUCKMAN, THOMAS W.
STREET ADDRESS 3600 WEST LAKE AVENUE
CITY-ST-ZIP GLENVIEW IL

TITLE VSD ☐ DELETE

NAME STEWART S. HUDNUT
STREET ADDRESS 3600 WEST LAKE AVENUE
CITY-ST-ZIP GLENVIEW IL

TITLE V ☐ DELETE

NAME MCGRATH, ROBERT V
STREET ADDRESS 3600 WEST LAKE AVENUE
CITY-ST-ZIP GLENVIEW IL

TITLE AS ☐ DELETE

NAME BATES, FREDERICK N.
STREET ADDRESS 3600 WEST LAKE AVENUE
CITY-ST-ZIP GLENVIEW IL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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)(k), 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: Robert V. McGrath Robert V. McGrath Vice President, Tax 4/19/96 847-724-7500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)