2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 26, 2009
Secretary of State

DOCUMENT# P14315

Entity Name: KANZAKI SPECIALTY PAPERS INC.

Current Principal Place of Business:

20 CUMMINGS STREET
WARE, MA 01082

New Principal Place of Business:

Current Mailing Address:

20 CUMMINGS STREET
WARE, MA 01082

New Mailing Address:

FEI Number: 04-2939926 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: EDAGAWA, TOMOO
Address: 4-7-5 GINZA CHOU-KU
City-St-Zip: TOKYO, JP 104-0061 JP

Title: V ( ) Delete
Name: MORIARTY, KEVIN D
Address: 103 SUMMER ST
City-St-Zip: BARRE, MA 01005

Title: VST ( ) Delete
Name: LIVINGSTON, ALAN E
Address: 46 LAUREL LANE
City-St-Zip: LUDLOW, MA 01056

Title: PD ( ) Delete
Name: HEFNER, STEPHEN P
Address: 427 PINEWOOD DRIVE
City-St-Zip: LONGMEADOW, MA 01106

Title: V ( ) Delete
Name: SAWOSIK, PETER
Address: 113 BAKER HILL ROAD
City-St-Zip: EAST BROOKFIELD, MA 01515

Title: D ( ) Delete
Name: KISAKA, RYUICHU
Address: 4-5-7 GINZA CHOU-KU
City-St-Zip: TOKYO, JP 104-0061 JP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALAN E LIVINGSTON V 03/26/2009

Electronic Signature of Signing Officer or Director Date