

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-25-2003 90186 038 ***150.00

0696903 AB

DOCUMENT # P14315

1. Entity Name
KANZAKI SPECIALTY PAPERS INC.



Principal Place of Business
**20 CUMMINGS STREET
WARE MA 01082**

Mailing Address
**20 CUMMINGS STREET
WARE MA 01082**

11014261



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **04-2939926**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Delete
NAME	EDAGAWA, TOMOO	
STREET ADDRESS	50 HOLY FAMILY ROAD #207	
CITY-ST-ZIP	HOLYOKE MA 01040	
TITLE	V	<input type="checkbox"/> Delete
NAME	MORIARTY, KEVIN D	
STREET ADDRESS	103 SUMMER ST	
CITY-ST-ZIP	BARRE MA	
TITLE	VST	<input type="checkbox"/> Delete
NAME	LIVINGSTON, ALAN E	
STREET ADDRESS	46 LAUREL LANE	
CITY-ST-ZIP	LUDLOW MA 01056	
TITLE	V	<input type="checkbox"/> Delete
NAME	HEFNER, STEPHEN P	
STREET ADDRESS	417 PINWOOD DRIVE	
CITY-ST-ZIP	LONGMEADOW MA 01106	
TITLE	V	<input type="checkbox"/> Delete
NAME	SAWOSIK, PETER	
STREET ADDRESS	113 BAKER HILL ROAD	
CITY-ST-ZIP	EAST BROOKFIELD MA 01515	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KURAMOTO, SETSUO	
STREET ADDRESS	2 -16-12-102 KAKEMAMA	
CITY-ST-ZIP	JAPAN	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ALAN E LIVINGSTON VP

4/22/03

413-967-6204
X8905

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)