

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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**Feb 13 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P34420 (0)
1. Corporation Name
ALEXANDER PAPER CO.



Principal Place of Business: **1200 MADISON AVENUE PATTERSON NJ 07503**
Mailing Address: **1200 MADISON AVENUE PATTERSON NJ 07503-2813**

3. Date Incorporated or Qualified: **06/21/1991** 3a. Date of Last Report: **02/12/1996**
4. FEI Number: **23-1531678** 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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
110 NORTH MAGNOLIA STREET
TALLAHASSEE FL 32301**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	FORMAN, GARY
STREET ADDRESS	3 HORIZON ROAD
CITY-ST-ZIP	FORT LEE NJ 07024
TITLE	S <input type="checkbox"/> DELETE
NAME	GUNIN, JEFFREY S
STREET ADDRESS	301 EAST 73RD ST., APT 9B
CITY-ST-ZIP	NEW YORK NY 10021
TITLE	VD <input type="checkbox"/> DELETE
NAME	JACKOWITZ, PETER
STREET ADDRESS	15 BROWN COURT
CITY-ST-ZIP	LIVINGSTON NJ
TITLE	CD <input type="checkbox"/> DELETE
NAME	ALEXANDER, BEN, JR.
STREET ADDRESS	1779 OAK HILL DRIVE
CITY-ST-ZIP	HUNTINGTON VALLEY NY
TITLE	PD <input type="checkbox"/> DELETE
NAME	JACKOWITZ, ALAN
STREET ADDRESS	145 EAST 81ST STREET
CITY-ST-ZIP	NEW YORK NY
TITLE	T <input type="checkbox"/> DELETE
NAME	COHEN, DAVID S
STREET ADDRESS	48 CHESTER COURT
CITY-ST-ZIP	CORTLAND MANOR NJ

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual reports 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 its 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 in an attachment with an address.

SIGNATURE: **Alan Jackowitz** 2/7/97 (201)-345-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)