

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

**FILED**

**Feb 11 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P34420 (0)**

1. Corporation Name  
**ALEXANDER PAPER CO.**



Principal Place of Business <b>1200 MADISON AVENUE PATTERSON NJ 07503</b>	Mailing Address <b>1200 MADISON AVENUE PATTERSON NJ 07503</b>
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>06/21/1991</b>	
21. Suite, Apt. #, etc	22. City & State	26. Suite, Apt. #, etc	27. City & State	4. FEI Number <b>23-1531678</b>	Applied For <input type="checkbox"/> Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83.	
				84. City	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.					

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME
D	FORMAN, GARY	3 HORIZON ROAD	FORT LEE NJ 07024	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
S	GUNIN, JEFFREY S	301 EAST 73RD ST., APT 98	NEW YORK NY 10021	2.1 TITLE	2.2 NAME
VD	JACKOWITZ, PETER	15 BROWN COURT	LIVINGSTON NJ	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CD	ALEXANDER, BEN, JR.	1779 OAK HILL DRIVE	HUNTINGTON VALLEY NY	3.1 TITLE	3.2 NAME
PD	JACKOWITZ, ALAN	145 EAST 81ST STREET	NEW YORK NY	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
T	COHEN, DAVID S	48 CHESTER COURT	CORTLAND MANOR NJ	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

*VD  
Jackowitz, Peter  
5 Vanderbilt Drive  
Livingston, NJ*

*DP  
Alan Jackowitz  
215 East 68TH ST - Apt 26B  
New York, NY*

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

14. I hereby certify that the information supplied with this block 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 supplement to the 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: *[Signature]* **2/3/98 (973)-345-8300**

CR2E004 (10/97)