2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P34420

FILED
Feb 17, 2000 8:00 am
Secretary of State

02-17-2000 90130 034 ***150.00

1. Entity Name

ALEXANDER PAPER CO.

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

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 23-1531678 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM, INC. 110 NORTH MAGNOLIA STREET TALLAHASSEE FL 32301	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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	FORMAN, GARY	NAME	
STREET ADDRESS	3 HORIZON ROAD	STREET ADDRESS	
CITY-ST-ZIP	FORT LEE NJ 07024	CITY-ST-ZIP	
TITLE	S ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	GUNIN, JEFFREY S	NAME	
STREET ADDRESS	301 EAST 73RD ST., APT 9B	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY 10021	CITY-ST-ZIP	
TITLE	VD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	JACKOWITZ, PETER	NAME	
STREET ADDRESS	55 VAUDERBILT DR	STREET ADDRESS	64 Shrewsbury Drive
CITY-ST-ZIP	LIVINGSTON NJ	CITY-ST-ZIP	Livingston, NJ
TITLE	CD ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	ALEXANDER, BEN, JR.	NAME	
STREET ADDRESS	1779 OAK HILL DRIVE	STREET ADDRESS	
CITY-ST-ZIP	HUNTINGTON VALLEY NY	CITY-ST-ZIP	Huntington Valley, Pa
TITLE	PD ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	JACKOWITZ, ALAN	NAME	
STREET ADDRESS	215 EAST 68TH ST APT 26B	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	COHEN, DAVID S	NAME	
STREET ADDRESS	48 CHESTER COURT	STREET ADDRESS	
CITY-ST-ZIP	CORTLAND MANOR NJ	CITY-ST-ZIP	

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] 2/2/00 (973)-345-8300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Alan Jackowitz

CR2E034 (9/99)