

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 16, 2001 8:00 am**  
**Secretary of State**

02-16-2001 90010 028 \*\*\*150.00

**DOCUMENT # P34420**  
 1. Entity 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>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



DO NOT WRITE IN THIS SPACE

4. FEI Number <b>23-1531678</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**110 NORTH MAGNOLIA STREET**  
**TALLAHASSEE FL 32301**

**7. Name and Address of New Registered Agent**

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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**11. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>FORMAN, GARY</b>
STREET ADDRESS	<b>3 HORIZON ROAD</b>
CITY-ST-ZIP	<b>FORT LEE NJ 07024</b>
TITLE	<b>S</b> <input type="checkbox"/> Delete
NAME	<b>GUNIN, JEFFREY S</b>
STREET ADDRESS	<b>301 EAST 73RD ST., APT 9B</b>
CITY-ST-ZIP	<b>NEW YORK NY 10021</b>
TITLE	<b>VD</b> <input type="checkbox"/> Delete
NAME	<b>JACKOWITZ, PETER</b>
STREET ADDRESS	<b>64 SHREWSBURY DR</b>
CITY-ST-ZIP	<b>LIVINGSTON NJ</b>
TITLE	<b>CD</b> <input type="checkbox"/> Delete
NAME	<b>ALEXANDER, BEN, JR.</b>
STREET ADDRESS	<b>1779 OAK HILL DRIVE</b>
CITY-ST-ZIP	<b>HUNTINGTON VALLEY PA</b>
TITLE	<b>PD</b> <input checked="" type="checkbox"/> Delete
NAME	<b>JACKOWITZ, ALAN</b>
STREET ADDRESS	<b>215 EAST 68TH ST APT 26B</b>
CITY-ST-ZIP	<b>NEW YORK NY</b>
TITLE	<b>T</b> <input type="checkbox"/> Delete
NAME	<b>COHEN, DAVID S</b>
STREET ADDRESS	<b>48 CHESTER COURT</b>
CITY-ST-ZIP	<b>CORTLAND MANOR NJ</b>

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

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	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD Jackowitz, Peter</b>
STREET ADDRESS	<b>64 Shrewsbury Dr.</b>
CITY-ST-ZIP	<b>Livingston, NJ</b>
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	

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 titles empowered.

SIGNATURE: **Peter Jackowitz**  
 Date: **2/12/01** Daytime Phone #: **(973)-345-8300**

CR2E034 (10/00)