

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

PROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P36420 (8)

1. Corporation Name
NIAGARA ENVELOPE COMPANY, INC.Principal Place of Business
737 DELAWARE AVE
BUFFALO NY 14209-2260
USMailing Address
737 DELAWARE AVE
BUFFALO NY 14209-2260
USFILED
May 16 1997 8:00am
Secretary of State

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/25/1991		3a. Date of Last Report 04/23/1996	
21 17304 Preston Rd		26 17304 Preston Rd		4. FEI Number 16-1302677		Applied For Not Applicable	
22 Suite 700		27 Suite 700		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Dallas, TX		28 Dallas, TX		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 75252		29 75252		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CDP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/S/O/CFO	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PIERCE, FREDERICK G., II		1.2 NAME	Kevin W. McAtker			
STREET ADDRESS	737 DELAWARE AVE		1.3 STREET ADDRESS	17304 Preston Rd, Suite 700			
CITY-ST-ZIP	BUFFALO NY		1.4 CITY-ST-ZIP	Dallas, TX 75252			
TITLE	D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	D/V-Controller/ASST. S	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	PIERCE, PHYLLIS W.		2.2 NAME	William W. Solomon, Jr.			
STREET ADDRESS	737 DELAWARE AVE		2.3 STREET ADDRESS	17304 Preston Rd, Suite 700			
CITY-ST-ZIP	BUFFALO NY		2.4 CITY-ST-ZIP	Dallas, TX 75252			
TITLE	VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	Frank G. Grolfi	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition	
NAME	LENNOX, JEFFREY C		3.2 NAME	17304 Preston Rd, Suite 700			
STREET ADDRESS	737 DELAWARE AVE		3.3 STREET ADDRESS	Dallas, TX 75252			
CITY-ST-ZIP	BUFFALO NY		3.4 CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> DELETE	4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RITGERT, FRANCIS		4.2 NAME				
STREET ADDRESS	737 DELAWARE AVE		4.3 STREET ADDRESS				
CITY-ST-ZIP	BUFFALO NY		4.4 CITY-ST-ZIP				
TITLE	D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	WALSH, JOHN N., II		5.2 NAME				
STREET ADDRESS	801 MAIN STREET		5.3 STREET ADDRESS				
CITY-ST-ZIP	BUFFALO NY		5.4 CITY-ST-ZIP				
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KIRCHMER, D. J		6.2 NAME				
STREET ADDRESS	737 DELAWARE AVE		6.3 STREET ADDRESS				
CITY-ST-ZIP	BUFFALO NY		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 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: _____

William W. Solomon, Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William W. Solomon, Jr.
Date

(972) 783-6290
Daytime Phone #

CR2E034 (9/96)