

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 10:22

DOCUMENT # P40296 (6)

1. Corporation Name

NORTH AMERICAN PAPER COMPANY

Principal Place of Business

**5240 ST. CHARLES ROAD
BERKELEY IL 60163**

Mailing Address

**5240 ST. CHARLES ROAD
BERKELEY IL 60163**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/02/1992

3a. Date of Last Report

04/26/1994

4. FEI Number

36-1556160

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**

6. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**C
MILLER, A. GERSON
1373 WESTMOOR TRAIL
WINNETKA IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**VCP
MILLER, JOHN A.
1235 WESTMOOR TRAIL
WINNETKA IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**DS
MILLER, IRIS A.
1373 WESTMOOR TRAIL
WINNETKA IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**V
TERRICK, GREGORY
5240 ST CHARLES RD
BERKELEY IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
GRUETZMACHER, DALE
5240 ST CHARLES RD
BERKELEY IL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

**T
GRUETZMACHER, DALE
5240 ST CHARLES RD
BERKELEY IL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 907, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dale Gruetzmacher Dale Gruetzmacher

5-31-95

(708) 547-7700

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

(Date)

(Telephone)