2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P40296

FILED
Jan 20, 2000 8:00 am
Secretary of State

01-20-2000 90230 011 ***150.00

1. Entity Name
NORTH AMERICAN PAPER COMPANY

Principal Place of Business	Mailing Address
5240 ST. CHARLES ROAD BERKELEY IL 60163	5240 ST. CHARLES ROAD BERKELEY IL 60163-1341

2. Principal Place of Business	3. Mailing Address
2101 Claire Ct.	2101 Claire Ct.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Glenview, IL	Glenview, IL
Zip: 60025 / Country:	Zip: 60025 / Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number 36-1556160 — 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
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: C NAME: MILLER, A. GERSON STREET ADDRESS: 1373 WESTMOOR TRAIL CITY-ST-ZIP: WINNETKA IL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: VCP NAME: MILLER, JOHN A. STREET ADDRESS: 1235 WESTMOOR TRAIL CITY-ST-ZIP: WINNETKA IL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: DS NAME: MILLER, IRIS A. STREET ADDRESS: 1373 WESTMOOR TRAIL CITY-ST-ZIP: WINNETKA IL	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition
TITLE: V NAME: TERRICK, GREGORY STREET ADDRESS: 5240 ST CHARLES RD CITY-ST-ZIP: BERKELEY IL	☐ Delete	TITLE: Vice President NAME: Turrick, Gregory STREET ADDRESS: 2101 Claire Ct. CITY-ST-ZIP: Glenview, IL 60025	☒ Change ☐ Addition
TITLE: T NAME: GRUETZMACHER, DALE STREET ADDRESS: 5240 ST CHARLES RD CITY-ST-ZIP: BERKELEY IL	☐ Delete	TITLE: Treasurer NAME: Gruetzmacher STREET ADDRESS: 2101 Claire Ct. CITY-ST-ZIP: Glenview, IL 60025	☒ Change ☐ Addition
TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Delete	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:	☐ Change ☐ Addition

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: Dale Gruetzmacher FILED 1-12-00 (847) 832-4250
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/99)