## 2000 UNIFORM BUSINESS REPORT (UBR)

**SIGNATURE:** 

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NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## DOCUMENT # **P93000075356** May 13, 2000 8:00 am Secretary of State GOULD PAPER OF FLORIDA, INC. 05-13-2000 90006 005 \*\*\*158.75 Principal Place of Business Mailing Address 35 S JEFFERSON RD 135 S JEFFERSON RD WHIPPANY NJ 07981-1034 WHIPPANY NJ 07981 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0455876 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 1201 Hays Street TALLAHASSEE FL 32301 <sup>City</sup>Ta<u>11ahassee</u> 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 of registered agent and title if applicable Signature, type FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE GOLDEN, MICHAEL F NAME 35 S JEFFERSON RD STREET ADDRESS STREET ADDRESS CITY-ST-7IP WHIPPANY NJ 07981 CITY-ST-7IP Addition ☐ Change ☐ Delete TITLE GOLDEN, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 35 S JEFFERSON RD CITY-ST-ZIP CITY-ST-ZIP WHIPPANY NJ 07981 Addition ⁻ ☐ 'Change ☐ Delete TITLE GOLDEN, JOHN F NAME NAME STREET ADDRESS STREET ADDRESS 35 S JEFFERSON RD CITY-ST-ZIP CITY-ST-ZIE WHIPPANY NJ 07981 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS ì CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 the propowered.

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