

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P19070

**Entity Name:** THE NEWARK GROUP, INC.**Current Principal Place of Business:**20 JACKSON DRIVE  
CRANFORD, NJ 07016**Current Mailing Address:**20 JACKSON DRIVE  
CRANFORD, NJ 07016**FEI Number:** 22-2884844**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**THE PRENTICE-HALL CORPORATION SYSTEM INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE, FL 32301 US*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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title CEO  
Name FRANK, PAPA A  
Address 20 JACKSON DR  
City-State-Zip: CRANFORD NJ 07016

Title CFO  
Name GREGG, KAM  
Address 31 NOTTINGHAM RD  
City-State-Zip: SHORT HILLS NJ 07078

Title SECY  
Name ASCHER, DAVID M  
Address 300 HIGHLAND RD  
City-State-Zip: SOUTH ORANGE NJ 07079

Title TREA  
Name PRYOR, MARC  
Address 3 DIXON TERRACE  
City-State-Zip: KINNELON NJ 07405

Title CONT  
Name HERRO, LYNN M  
Address 12 BIRCHMONT LN  
City-State-Zip: WARREN NJ 07059

Title BOD  
Name DAVID, DREIBELBIS  
Address 4743 RIDGEGATE CIRCLE  
City-State-Zip: DULUTH GA 30097

Title BOARD MEMBER  
Name MCGOVERN, JACK F  
Address 3285 RILMAN RD  
City-State-Zip: ATLANTA GA 30327

Title BOARD MEMBER  
Name PAGANO, THOMAS A  
Address 1623 CHALMERS DR  
City-State-Zip: CHESTERFIELD MO 63017

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARC PRYOR**TREASURER****04/17/2014**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title	BOARD MEMBER
Name	KELLER, JAMES R
Address	4813 OLD STUMP DR NW
City-State-Zip:	GIG HARBOR WA 98332