

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:25

DOCUMENT # **821368** (8)

1. Corporation Name  
**THE SABIN ROBBINS PAPER COMPANY**

Principal Place of Business Mailing Address  
**106 CIRCLE FREEWAY DR CINCINNATI OH 45246**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/25/1968** 3a. Date of Last Report **08/24/1994**

4. FEI Number **31-0429860** 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**

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

2. Principal Place of Business		2a. Mailing Address	
21	26	Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip	25 Country	29 Zip	30 Country

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. 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
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: \_\_\_\_\_ (Print and typed or printed name of registered agent and title of agent) (Print registered agent signature required when applicable) (Date)

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	PRICE, THOMAS P.
STREET ADDRESS	106 CIRCLE FREEWAY DR
CITY, ST, ZIP	CINCINNATI OH
TITLE	VD
NAME	WHITESCARVER, RICHARD A.
STREET ADDRESS	4601 WELCOME ALL ROAD SW
CITY, ST, ZIP	ATLANTA GA
TITLE	VD
NAME	BROOKS, WILLIAM L.
STREET ADDRESS	1500 VALLEY BELT RD.
CITY, ST, ZIP	CLEVELAND OH
TITLE	TSD
NAME	COUNTRYMAN, PETER
STREET ADDRESS	106 CIRCLE FREEWAY DR
CITY, ST, ZIP	CINCINNATI OH
TITLE	D
NAME	KRAFT, ROBERT F.
STREET ADDRESS	106 CIRCLE FREEWAY DR.
CITY, ST, ZIP	CINCINNATI OH
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY, ST, ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 139.017(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 167, Florida Statutes, and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an addition.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCH OFFICER OR DIRECTOR

1-12-95 513-874-5270  
Date Telephone #