

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 31 AM 9:12

DOCUMENT # 837296 (3)

1. Corporation Name
MARCAL PAPER MILLS, INC.

Principal Place of Business 1 MARKET ST. ELMWOOD PARK NJ 07407	Mailing Address 1 MARKET ST. ELMWOOD PARK NJ 07407
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DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date incorporated or Qualified 11/02/1976	3a. Date of Last Report 03/21/1994	4. FEI Number 22-1091450	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			
7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No							

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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			
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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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCALUS, ROBERT L	1.2 NAME	
STREET ADDRESS	511 HARTUNG DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	WYCKOFF, NJ 08090	1.4 CITY - ST - ZIP	
TITLE	PD	2.1 TITLE	☐ Change ☐ Addition
NAME	MARCALUS, NICHOLAS R	2.2 NAME	
STREET ADDRESS	202 BARRISTER COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	WYCKOFF NJ	2.4 CITY - ST - ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	NOREN, FLORENCE E.	3.2 NAME	
STREET ADDRESS	241 MEADOWBROOK RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	WYCKOFF NJ	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	WOOLLEY, C. F.	4.2 NAME	
STREET ADDRESS	1486 S.W. 7TH AVE.	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOYNTON BEACH FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	LEWIS, M. F.	5.2 NAME	
STREET ADDRESS	584 CHURCHILL ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	WEST ENGLEWOOD NJ	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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)(a), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: J. E. Noren 1/26/95 201-703-6212
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Typed Name #)