


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2004 8:00 am**  
**Secretary of State**

04-30-2004 90313 004 \*\*\*150.00

<b>DOCUMENT # 837296</b>	
1. Entity Name <b>MARCAL PAPER MILLS, INC.</b>	

Principal Place of Business 1 MARKET ST. ELMWOOD PARK, NJ 07407	Mailing Address 1 MARKET ST. ELMWOOD PARK, NJ 07407
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



03262004 Chg-P CR2E034 (10/03)

4. FEI Number 22-1091450	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>	<b>7. Name and Address of New Registered Agent</b>	
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301	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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD MARCALUS, ROBERT L 142 BREWSTER ROAD WYCKOFF, NJ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice Chairman-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marcalus, Robert L. 142 Brewster Road Wyckoff, NJ 07481	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARCALUS, NICHOLAS R 142 BREWSTER RD WYCKOFF, NJ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chairman-Pres.-Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Marcalus, Nicholas R. 101 Barrister Ct. Wyckoff, NJ 07481	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOREN, FLORENCE E. 241 MEADOWBROOK RD. WYCKOFF, NJ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ass't. Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Noren; Florence E. 241 Meadowbrook Road Wyckoff, NJ 07481	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOLDBERG, JOEL 47 OVERLOOK ROAD MILLINGTON, NJ <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Healey, James 5 Briarwood Court Woodcliff, NJ 07677	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHAPIRO, DAVID 74 OLD LONG RIDGE ROAD STAMFORD, CN <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Florence E Noren 4/27/04 201-703-6212  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FLORENCE E. NOREN, ASS'T SECRETARY