


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90197 036 ***150.00

DOCUMENT # 837296

1. Entity Name
MARCAL PAPER MILLS, INC.



Principal Place of Business Mailing Address

**1 MARKET ST.
 ELMWOOD PARK, NJ 07407 US** **ATTN: FLORENCE NOREN
 ONE MARKET STREET
 ELMWOOD PARK, NJ 07407 US**

60030384



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

04252006 Chg-P CR2E034 (11/05)

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM INC.
 1201 HAYS STREET
 SUITE 105
 TALLAHASSEE, FL 32301**

7. Name and Address of New Registered Agent

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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VCD	<input type="checkbox"/> Delete
NAME	MARCALUS, ROBERT L	
STREET ADDRESS	ONE MARKET STREET	
CITY-ST-ZIP	ELMWOOD PARK, NJ 074071451	
TITLE	VCD	<input type="checkbox"/> Delete
NAME	MARCALUS, NICHOLAS R	
STREET ADDRESS	ONE MARKET STREET	
CITY-ST-ZIP	ELMWOOD PARK, NJ 074071451	
TITLE	AS	<input type="checkbox"/> Delete
NAME	NOREN, FLORENCE E.	
STREET ADDRESS	ONE MARKET STREET	
CITY-ST-ZIP	ELMWOOD PARK, NJ 074071451	
TITLE	D	<input type="checkbox"/> Delete
NAME	COSCIA, ANTHONY	
STREET ADDRESS	ONE MARKET STREET	
CITY-ST-ZIP	ELMWOOD PARK, NJ 074071451	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEALEY, JAMES	
STREET ADDRESS	5 BRIARWOOD COURT	
CITY-ST-ZIP	WOODCLIFF LAKE, NJ 07677	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lynch, Robert	
STREET ADDRESS	One Market Street	
CITY-ST-ZIP	Elmwood Park, N.J. 07407	
TITLE	VPSD (VP, Secy.-Director)	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Marcalus, Peter	
STREET ADDRESS	One Market Street	
CITY-ST-ZIP	Elmwood Park, N.J. 07407	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'Brien, Gordon	
STREET ADDRESS	One Market Street	
CITY-ST-ZIP	Elmwood Park, N.J. 07407	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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, Ass't Corporate Secretary* **4/26/06** **201-703-6211**

FLORENCE E. NOREN, ASS'T CORPORATE SECRETARY Date Daytime Phone #