

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
 Aug 15 1997 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **837296** (3)  
 1. Corporation Name  
**MARCAL PAPER MILLS, INC.**



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

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>11/02/1976</b>	3a. Date of Last Report <b>02/12/1996</b>
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number <b>22-1091450</b>	Applied For Not Applicable
23. Zip	25. Country	29. Zip	30. Country	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

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

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>CD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCALUS, ROBERT L</b>	1.2 NAME	<b>MARCALUS, ROBERT L.</b>
STREET ADDRESS	<b>511 HARTUNG DR</b>	1.3 STREET ADDRESS	<b>142 BREWSTER ROAD</b>
CITY-ST-ZIP	<b>WYCKOFF, NJ 00000</b>	1.4 CITY-ST-ZIP	<b>WYCKOFF, NEW JERSEY 07481</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARCALUS, NICHOLAS R</b>	2.2 NAME	
STREET ADDRESS	<b>142 BREWSTER RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WYCKOFF NJ</b>	2.4 CITY-ST-ZIP	
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NOREN, FLORENCE E.</b>	3.2 NAME	
STREET ADDRESS	<b>241 MEADOWBROOK RD.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>WYCKOFF NJ</b>	3.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>WOOLLEY, C. F.</b>	4.2 NAME	<b>GOLDBERG, JOEL</b>
STREET ADDRESS	<b>1486 S.W. 7TH AVE.</b>	4.3 STREET ADDRESS	<b>47 OVERLOOK ROAD</b>
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	4.4 CITY-ST-ZIP	<b>MILLINGTON, NEW JERSEY 07946</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, M. F.</b>	5.2 NAME	<b>SHAPIRO, DAVID</b>
STREET ADDRESS	<b>584 CHURCHILL ROAD</b>	5.3 STREET ADDRESS	<b>74 OLD LONG RIDGE ROAD</b>
CITY-ST-ZIP	<b>WEST ENGLEWOOD NJ</b>	5.4 CITY-ST-ZIP	<b>STAMFORD, CONN. 06903</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: **SIGNATURE F. E. NOREN** 7/31/97 201-703-6212

CR2E034 (4/97)