

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 03, 2000 8:00 am
Secretary of State

08-03-2000 90035 045 ***550.00

DOCUMENT # 837296

1. Entity 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**



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **22-1091450**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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.

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

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> Delete
NAME	MARCALUS, ROBERT L	
STREET ADDRESS	142 BREWSTER ROAD	
CITY-ST-ZIP	WYCKOFF, NJ 08090	
TITLE	PD	<input type="checkbox"/> Delete
NAME	MARCALUS, NICHOLAS R	
STREET ADDRESS	142 BREWSTER RD	
CITY-ST-ZIP	WYCKOFF NJ	
TITLE	S	<input type="checkbox"/> Delete
NAME	NOREN, FLORENCE E.	
STREET ADDRESS	241 MEADOWBROOK RD.	
CITY-ST-ZIP	WYCKOFF NJ	
TITLE	D	<input type="checkbox"/> Delete
NAME	GOLDBERG, JOEL	
STREET ADDRESS	47 OVERLOOK ROAD	
CITY-ST-ZIP	MILLINGTON NJ	
TITLE	D.	<input type="checkbox"/> Delete
NAME	SHAPIRO, DAVID	
STREET ADDRESS	74 OLD LONG RIDGE ROAD	
CITY-ST-ZIP	STAMFORD CN	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Florence E. Noren* **NATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
FLORENCE E. NOREN, CORPORATE SECRETARY Date **JULY 21, 2000** Daytime Phone # **201-703-6212**

CR2E034 (5/00)