

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # 386202**Entity Name
MAC PAPER CONVERTERS, INC.**FILED**
May 12, 2002 8:00 am
Secretary of State

05-12-2002 90540 021 ***150.00

Principal Place of Business

3300 PHILLIPS HIGHWAY
JACKSONVILLE FL. 32207
US

Mailing Address

POST OFFICE BOX 5369
JACKSONVILLE FL 32247-5369
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-1375158

Applied For

Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****MCGEEHEE, T.R.**
3300 PHILLIPS HWY
JACKSONVILLE FL 32207

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

Signature, typed or printed name of registered agent and title if applicable.

(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 \$150.00**
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE **CCEO** ☐ Delete
NAME **MCGEEHEE, T R**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **VD** ☐ Delete
NAME **MCGEEHEE, SUTTON**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **CD** ☐ Delete
NAME **MCGEEHEE, F S**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **T** ☐ Delete
NAME **ROGERS, JONATHAN Y**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JAX FL 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **PD** ☐ Delete
NAME **MCGEEHEE, D S**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE, FL 0 32207**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **SD** ☐ Delete
NAME **MCGEEHEE, THOMAS R JR**
STREET ADDRESS **3300 PHILLIPS HWY**
CITY-ST-ZIP **JACKSONVILLE FL 32207**TITLE ☐ Change ☐ 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sutton McGehee
Vice President

Date

4/23/02

Daytime Phone #

904-348-3300

CR2E034 (9/01)

Attachment Doc# 336802
BU041580

MAC PAPER CONVERTERS, INC.

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

TITLE: CFO, VP
NAME: JOHN W. BRENT
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: ANN M. RILEY
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: SENIOR VP
NAME: GERALD L. SHANE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DEBORAH D. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: VP
NAME: DARNELL M. BABBIT
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: KATHRYN N. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DELIA H. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: S. SCOTT RILEY
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: ANN W. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: TERRI R. McGEHEE
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207

TITLE: D
NAME: DELIA H. McGEHEE, II
ADDRESS: 3300 PHILIPS HIGHWAY
CITY, STATE JACKSONVILLE, FL. 32207