

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 01, 2000 8:00 am**  
**Secretary of State**

03-01-2000 90097 049 \*\*\*150.00

**DOCUMENT # 816530**

1. Entity Name

**GEORGIA-PACIFIC INVESTMENT COMPANY**

DUPLICATE



DO NOT WRITE IN THIS SPACE

<i>Principal Place of Business</i>	<i>Mailing Address</i>
133 PEACHTREE ST NE P O BOX 105605 ATLANTA GA 30303-1812	133 PEACHTREE ST NE P O BOX 105605 ATLANTA GA 30303-1808

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	93-6028874	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM**  
**1200 S. PINE ISLAND ROAD**  
**PLANTATION FL 33324**

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) <input type="checkbox"/>	<b>FILE NOW!!! FEE IS \$150.00</b> <b>After MAY 1, 2000 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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11. OFFICERS AND DIRECTORS

TITLE	AS	<input type="checkbox"/> Delete
NAME	<b>ROUNTREE, KIMBERLY D</b>	
STREET ADDRESS	<b>133 PEACHTREE ST NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	D	<input type="checkbox"/> Delete
NAME	<b>PAUL, RONALD L</b>	
STREET ADDRESS	<b>133 PEACHTREE STREET NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	VP	<input type="checkbox"/> Delete
NAME	<b>HUFF, DANNY W</b>	
STREET ADDRESS	<b>133 PEACHTREE STREET NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	<b>MCGOVERN, JOHN F.</b>	
STREET ADDRESS	<b>133 PEACHTREE STREET NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	DP	<input type="checkbox"/> Delete
NAME	<b>GLASS, DONALD L</b>	
STREET ADDRESS	<b>133 PEACHTREE STREET NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	
TITLE	S	<input type="checkbox"/> Delete
NAME	<b>KHOURY, KENNETH F</b>	
STREET ADDRESS	<b>133 PEACHTREE ST NE</b>	
CITY-ST-ZIP	<b>ATLANTA GA</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VP/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Phillip M. Johnson</b>	
STREET ADDRESS	<b>133 Peachtree St, NE</b>	
CITY-ST-ZIP	<b>Atlanta, ga 30303</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>EVP/D</b>	<input checked="" 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 an other like empowered.

**SIGNATURE:** *Kimberly Dyslin Rountree* **2-17-00** **404/652-4000**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
**Kimberly Dyslin Rountree, Asst. Secretary**

CR2E034 (9/99)