


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F98000003908</b>	
1. Entity Name INTERCONTINENTAL CELLULOSE SALES, INC.	

Principal Place of Business 200 SOUTH BISCAYNE BLVD., STE 4400 MIAMI, FL 33131	Mailing Address 200 SOUTH BISCAYNE BLVD., STE 4400 MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0897453	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE, FL 32301-2525

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SVENSSON, JAN 200 S. BISCAYNE BLVD STE 4400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD JOHANSSON, OLOF 200 S. BISCAYNE BLVD STE 4400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T COOPER, NEIL J 200 S. BISCAYNE BLVD STE 4400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D PETTERSSON, LARS 200 S. BISCAYNE BLVD STE 4400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TIDEBRANT, HANS 200 S. BISCAYNE BLVD STE 4400 MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 07/07/04-80014-006 150.00

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**  **7/1/04** **305-579-1200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #