

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F98000003908

FILED
Mar 09, 2006
Secretary of State

Entity Name: INTERCONTINENTAL CELLULOSE SALES, INC.

Current Principal Place of Business:

200 SOUTH BISCAYNE BLVD., STE 4400
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

200 SOUTH BISCAYNE BLVD., STE 4400
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0897453

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SVENSSON, JAN
Address: 200 S. BISCAYNE BLVD STE 4400
City-St-Zip: MIAMI, FL

Title: VD (X) Delete
Name: JOHANSSON, OLOF
Address: 200 S. BISCAYNE BLVD STE 4400
City-St-Zip: MIAMI, FL

Title: T () Delete
Name: COOPER, NEIL J
Address: 200 S. BISCAYNE BLVD STE 4400
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: PETERSSON, LARS
Address: 200 S. BISCAYNE BLVD STE 4400
City-St-Zip: MIAMI, FL

Title: D () Delete
Name: TIDEBRANT, HANS
Address: 200 S. BISCAYNE BLVD STE 4400
City-St-Zip: MIAMI, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NEIL J. COOPER

T

03/09/2006

Electronic Signature of Signing Officer or Director

_____ Date