

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 834861 (7)
1. Corporation Name
GREAT SOUTHERN PAPER COMPANY

Principal Place of Business
133 PEACHTREE ST., NE
ATLANTA GA 30303

Mailing Address
133 PEACHTREE ST., NE
ATLANTA GA 30303

FILED
Jul 29 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1975		3a. Date of Last Report 01/30/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 06-0935525		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1.1 TITLE	
NAME	CORRELL, A. D.	1.2 NAME	
STREET ADDRESS	133 PEACHTREE ST., NE	1.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	KHOURY, KENNETH F	2.2 NAME	
STREET ADDRESS	133 PEACHTREE ST NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	DEVP	3.1 TITLE	DEVP
NAME	W.E. BABIN	3.2 NAME	Clint M. Kennedy
STREET ADDRESS	133 PEACHTREE ST., NE	3.3 STREET ADDRESS	133 Peachtree St., NE
CITY-ST-ZIP	ATLANTA GA 30303	3.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VP	4.1 TITLE	
NAME	ROBERT J. MILLIKAN	4.2 NAME	
STREET ADDRESS	133 PEACHTREE ST., NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	CFO	5.1 TITLE	
NAME	MCGOVERN, JOHN F.	5.2 NAME	
STREET ADDRESS	133 PEACHTREE ST., NE	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	AS
NAME	CORNELIA B. BREWER	6.2 NAME	W. Edwin Frazier, III
STREET ADDRESS	133 PEACHTREE ST., NE	6.3 STREET ADDRESS	133 Peachtree St., NE
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	Atlanta, GA 30303

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

7/17/97

(404) 652-4000

CR2E034 (4/97)