2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90101 005 ***150.00

DOCUMENT # 285906

1. Entity Name
MAC PAPERS, INC.

Principal Place of Business	Mailing Address
3300 PHILLIPS HIGHWAY JACKSONVILLE FL 32207 US	POST OFFICE BOX 5369 JACKSONVILLE FL 32247-5369 US

DO NOT WRITE IN THIS SPACE

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 59-1059698 ☐ 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
MCGEHEE, THOMAS 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCGEHEE, F S 3300 PHILLIPS HWY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TAS ROGERS, JONATHAN Y. 3300 PHILLIPS HWY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MCGEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE FL 32207	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCGEHEE, T R 3300 PHILLIPS HWY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MC GEHEE, T.R., JR. 3300 PHILLIPS HWY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MC GEHEE, D.S. 3300 PHILLIPS HWY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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: Sutton McGehee Sutton McGehee 4/23/02 904-348-3300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — President — Date — Daytime Phone #

Attachment # 285906

MAC PAPERS, INC. 965345

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

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

TITLE:	VP
NAME:	DAVID MILLEMAN
ADDRESS:	3300 PHILIPS HIGHWAY
CITY, STATE	JACKSONVILLE, FL. 32207

TITLE:	VP
NAME:	DAVID G. BOYNTON
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:	ASST. VP
NAME:	THOMAS A. FLEMING
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:	ANN W. 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

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