2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005488

Entity Name: RIS PAPER COMPANY, INC.

FILED Mar 20, 2009 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
SUITE 260		US			
Current M	ailing Address:		New Maili	ng Address:	
SUITE 150	AISONNEUVE BLV 10 AL, QC H3A1L6	/D. WEST CA			
	•	El Number Applied For ()	FEI Number Not Appl	icable () Certificate of Status Desired ()	
Nama and			•		
Name and	Address of Curr	ent Registered Agent:	Name and	Address of New Registered Agent:	
2731 EXEC SUITE	VICES, INC. CUTIVE PARK DR FL 33331 US	i ,			
	named entity sub e of Florida.	mits this statement for the pu	urpose of changing i	ts registered office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic S	Signature of Registered Age	nt	Date	
Election Can	npaign Financing Tru	ust Fund Contribution ().			
OFFICERS	S AND DIRECTO	RS:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () Del LENHOFF, JAMES 50 RIVER CENTER COVINGTON, KY 4	F BLVD., SUITE 260	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VT () Del BURON, DANIEL 395 DE MAISONNE MONTREAL, QC H	UVE BLVD. WEST	Title: Name: Address: City-St-Zip:	VPT (X) Change () Addition BURON, DANIEL 395 DE MAISONNEUVE BLVD. WEST MONTREAL, QC H3A 1L6 CA	
Title: Name: Address: City-St-Zip:	DVA () Del STROPLE, PETER 50 RIVER CENTER COVINGTON, KY 4	W BLVD., SUITE 260	Title: Name: Address: City-St-Zip:	VPD (X) Change () Addition STROPLE, PETER W 50 RIVER CENTER BLVD., SUITE 260 COVINGTON, KY 41011 US	
Title: Name: Address: City-St-Zip:	DAS () Del PHARAND, GILLES 395 DE MAISONNE MONTREAL, QC H	UVE BLVD. WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VC () Del MICK, GEORGE G 1705 SUCKLE HIGH PENNSAUKEN, NJ	HWAY	Title: Name: Address: City-St-Zip:	VPC (X) Change () Addition MICK, GEORGE G 1705 SUCKLE HIGHWAY PENNSAUKEN, NJ 08110 US	
Title: Name: Address: City-St-Zip:	S () Del THEODORU, RAZV. 395 DE MAISONNE MONTREAL, QC H:	AN L UVE BLVD. WEST	Title: Name: Address: City-St-Zip:	() Change () Addition	

Statutes. I further certify that the information supplied with this filling does not qualify for the exemption stated in Chapter 179, 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: RAZVAN L THEODORU

S 03/20/2009