2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90209 030 ***150.00

000698 AV

DOCUMENT # 386202

1. Entity Name
MAC PAPER CONVERTERS, INC.

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

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1375158 ☐ 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, T.R.~~ ~~3300 PHILLIPS HWY~~ ~~JACKSONVILLE FL 32207~~	Name: David S. McGehee Street Address (P.O. Box Number is Not Acceptable): 3300 Philips Highway City: Jacksonville FL Zip Code: 32207

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: David S. McGehee — David S. McGehee President — 4/22/03
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CCEO~~ ~~MCGEHEE, T R~~ ~~3300 PHILLIPS HWY~~ ~~JACKSONVILLE, FL 0 32207~~	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MCGEHEE, SUTTON 3300 PHILLIPS HWY JACKSONVILLE, FL 0 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CD MCGEHEE, F S 3300 PHILLIPS HWY JACKSONVILLE, FL 0 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~T A S~~ ROGERS, JONATHAN Y 3300 PHILLIPS HWY JAX FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T A S ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ~~MCGEHEE, D A V I D S.~~ 3300 PHILLIPS HWY JACKSONVILLE, FL 0 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition David S. McGehee
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SDV~~ MCGEHEE, THOMAS R JR 3300 PHILIPS HWY JACKSONVILLE FL 32207	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S V D ☒ Change ☐ Addition

CR2E034 (10/02)

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: David S. McGehee — David S. McGehee President — 4/22/03 — 904. 348-3300
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

ATTACHMENT
90103970
Doc# 386202

MAC PAPER CONVERTERS, INC.

UNIFORM BUSINESS REPORT

ADDITIONAL OFFICERS AND DIRECTORS:

TITLE:	CFO, VP	TITLE:	D
NAME:	JOHN W. BRENT	NAME:	ANN M. RILEY
ADDRESS:	3300 PHILIPS HIGHWAY	ADDRESS:	3300 PHILIPS HIGHWAY
CITY, STATE	JACKSONVILLE, FL. 32207	CITY, STATE	JACKSONVILLE, FL. 32207
TITLE:	SENIOR VP	TITLE:	D
NAME:	GERALD L. SHANE	NAME:	DEBORAH D. McGEHEE
ADDRESS:	3300 PHILIPS HIGHWAY	ADDRESS:	3300 PHILIPS HIGHWAY
CITY, STATE	JACKSONVILLE, FL. 32207	CITY, STATE	JACKSONVILLE, FL. 32207
TITLE:	VP	TITLE:	D
NAME:	DARNELL M. BABBIT	NAME:	KATHRYN N. McGEHEE
ADDRESS:	3300 PHILIPS HIGHWAY	ADDRESS:	3300 PHILIPS HIGHWAY
CITY, STATE	JACKSONVILLE, FL. 32207	CITY, STATE	JACKSONVILLE, FL. 32207
TITLE:	D	TITLE:	D
NAME:	DELIA H. McGEHEE	NAME:	S. SCOTT RILEY
ADDRESS:	3300 PHILIPS HIGHWAY	ADDRESS:	3300 PHILIPS HIGHWAY
CITY, STATE	JACKSONVILLE, FL. 32207	CITY, STATE	JACKSONVILLE, FL. 32207
TITLE:	D	TITLE:	D
NAME:	ANN W. McGEHEE	NAME:	TERRI R. McGEHEE
ADDRESS:	3300 PHILIPS HIGHWAY	ADDRESS:	3300 PHILIPS HIGHWAY
CITY, STATE	JACKSONVILLE, FL. 32207	CITY, STATE	JACKSONVILLE, FL. 32207
TITLE:	D		
NAME:	DELIA H. McGEHEE, II		
ADDRESS:	3300 PHILIPS HIGHWAY		
CITY, STATE	JACKSONVILLE, FL. 32207		