

2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F11000001605

Entity Name: GLATFELTER CLAIMS MANAGEMENT, INC.

Current Principal Place of Business:

183 LEADER HEIGHTS ROAD
YORK, PA 17402

Current Mailing Address:

PO BOX 2726
YORK, PA 17405-2726

FEI Number: 23-2826072

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Officer/Director Detail :

Title AS
Name CONWAY, MICHAEL E
Address 183 LEADER HEIGHTS ROAD
City-State-Zip: YORK PA 17402

Title DP
Name BUTTERBAUGH, ALAN W
Address 183 LEADER HEIGHTS ROAD
City-State-Zip: YORK PA 17402

Title DV
Name CAMPISI, ANTHONY
Address 183 LEADER HEIGHTS ROAD
City-State-Zip: YORK PA 17402

Title S
Name NORTON, JEFFREY J
Address 183 LEADER HEIGHTS ROAD
City-State-Zip: YORK PA 17402

Title T
Name CLEMENTS, THOMAS
Address 183 LEADER HEIGHTS ROAD
City-State-Zip: YORK PA 17402

Title AT
Name RAFFENSBERGER, JENNIFER S
Address 183 LEADER HEIGHTS ROAD
City-State-Zip: YORK PA 17402

I hereby 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 all other like empowered.

SIGNATURE: MICHAEL E CONWAY

ASSISTANT SECRETARY 04/29/2014

Electronic Signature of Signing Officer/Director Detail

Date