

2015 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 04/30/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date