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Apr 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 805616

(0)

1. Corporation Name
KIMBERLY-CLARK TISSUE COMPANY

Principal Place of Business

XX XX XX XX XX
XX XX XX XX XX
XX XX XX XX XX
XX XX XX XX XX

Mailing Address

XX XX XX XX
XX XX XX XX
XX XX XX XX
XX XX XX XX

2. Principal Place of Business

21 351 Phelps Drive

Suite, Apt. #, etc.

22 City & State

23 Irving, TX

Zip

24 75038

Country

25 USA

2a. Mailing Address

26 401 N. Lake Street

Suite, Apt. #, etc.

27 Tax Department

City & State

28 Neenah, WI

Zip

29 54956

Country

30 USA

3. Date Incorporated or Qualified

04/23/1943

3a. Date of Last Report

05/01/1996

4. FEI Number

23-1065080

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

P
NAME FALK, THOMAS J
STREET ADDRESS 351 PHELPS DR.
CITY-ST-ZIP IRVING TX 75060

TITLE ☐ DELETE

SV
NAME DONEHOWER, JOHN W
STREET ADDRESS 351 PHELPS DR.
CITY-ST-ZIP IRVING TX 75060

TITLE ☐ DELETE

SV
NAME EVERBACH, GEORGE O
STREET ADDRESS 351 PHELPS DR.
CITY-ST-ZIP IRVING TX 75060

TITLE ☐ DELETE

V
NAME BERNARD, DAVID L
STREET ADDRESS 351 PHELPS DR.
CITY-ST-ZIP IRVING TX 75060

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

P
1.2 NAME FALK, THOMAS J
1.3 STREET ADDRESS 2100 WINCHESTER ROAD
1.4 CITY-ST-ZIP NEENAH, WI 54956

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP IRVING, TX 75038

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP IRVING, TX 75038

4.1 TITLE ☒ Change ☐ Addition

V
4.2 NAME BERNARD, DAVID L.
4.3 STREET ADDRESS 401 NORTH LAKE STREET
4.4 CITY-ST-ZIP NEENAH, WI 54956

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

David L. Bernard, Vice President-Taxes

3-25-97

(414) 721-2000

Date

Daytime Phone #

CR2E034 (9/96)