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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 809303

1. Corporation Name

BRUNSWICK PULP & PAPER COMPANY

Principal Place of Business

133 PEACHTREE STREET NE
P.O. BOX 105605
ATLANTA GA 30348-2605

Mailing Address

133 PEACHTREE STREET NE
P.O. BOX 105605
ATLANTA GA 30348-2605

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/21/1953

4. FEI Number

58-0175120

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

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 AS ☐ DELETE

NAME ROUNTREE, KIMBERLY D
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE VP ☐ DELETE

NAME JONES, W. WESLEY
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE P ☐ DELETE

NAME KENNEDY, CLINT M.
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE S ☐ DELETE

NAME KHOURY, KENNETH F.
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME CORRELL, A.D.
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE D ☐ DELETE

NAME MCGOVERN, JOHN F
STREET ADDRESS 133 PEACHTREE ST, N.E.
CITY-ST-ZIP ATLANTA GA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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 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 as an attachment with an address, with all other like empowered.

SIGNATURE: Kimberly D. Rountree

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

323/1999 404-652-4000

Date

Daytime Phone #

CR2E034 (1/1/98)