

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 03 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 816530 (0)
1. Corporation Name: **GEORGIA-PACIFIC INVESTMENT COMPANY**



Principal Place of Business 133 PEACHTREE ST NE P O BOX 106605 ATLANTA GA 30303-1812	Mailing Address 133 PEACHTREE ST NE P O BOX 105805 ATLANTA GA 30303-1808
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2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 12/03/1962	3a. Date of Last Report 01/31/1996
4. FEI Number 93-6028874	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BREWER, CORNELIA B.	
STREET ADDRESS	133 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RASOR, JOHN F	
STREET ADDRESS	133 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	DUKE, WILLIE L.	
STREET ADDRESS	133 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCGOVERN, JOHN F.	
STREET ADDRESS	133 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MORTENSEN, DAVIS K	
STREET ADDRESS	133 PEACHTREE STREET NE	
CITY-ST-ZIP	ATLANTA GA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	KHOURY, KENNETH F	
STREET ADDRESS	133 PEACHTREE ST NE	
CITY-ST-ZIP	ATLANTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Joyce Murty	
1.3 STREET ADDRESS	133 Peachtree Street, N.E.	
1.4 CITY-ST-ZIP	Atlanta, GA 30303	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Danny W. Huff	
3.3 STREET ADDRESS	133 Peachtree Street, N.E.	
3.4 CITY-ST-ZIP	Atlanta, GA 30303	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Donald L. Glass	
5.3 STREET ADDRESS	133 Peachtree Street, N.E.	
5.4 CITY-ST-ZIP	Atlanta, GA 30303	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Joyce Murty* **Joyce Murty** Assistant Secretary **3/24/97** **404-652-4000**
DATE: _____ DAYTIME PHONE: _____

CR2E034 (9/96)