

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 816530

1. Entity Name
GEORGIA-PACIFIC INVESTMENT COMPANY

Principal Place of Business

133 PEACHTREE ST NE
P O BOX 105605
ATLANTA GA 30303-1812

Mailing Address

133 PEACHTREE ST NE
P O BOX 105605
ATLANTA GA 30303-1812

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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.

CO

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

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

TITLE D
NAME PAUL, RONALD L
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE EVD
NAME HUFF, DANNY W
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

TITLE DP
NAME GLASS, DONALD L
STREET ADDRESS 133 PEACHTREE STREET NE
CITY-ST-ZIP ATLANTA GA

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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STREET ADDRESS
CITY-ST-ZIP

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kimberly D. Rountree, Asst. Secretary

Date

Daytime Phone #

04-06-01

FILED
Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90241 042 ***150.00

C0051359



DO NOT WRITE IN THIS SPACE

4. FEI Number 93-6028874

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

CR2E034 (10/00)