

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 835639

1. Entity Name

INTERNATIONAL PAPER REALTY CORPORATION

FILED
May 01, 2000 8:00 am
Secretary of State

05-01-2000 90058 030 ***150.00

Principal Place of Business

6400 POPLAR AVENUE
MEMPHIS TN 38197-1139

Mailing Address

6400 POPLAR AVENUE
MEMPHIS TN 38197-0100

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-2699893

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	MOLOT, MARTIN M.	
STREET ADDRESS	6400 POPLAR AVENUE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	T	<input type="checkbox"/> Delete
NAME	GIRALDO, ANA	
STREET ADDRESS	ONE MAYNAD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	AS	<input type="checkbox"/> Delete
NAME	GUEDRY, JAMES	
STREET ADDRESS	2 MANHATTANVILLE ROAD	
CITY-ST-ZIP	PURCHASE NY 10577	
TITLE	S	<input type="checkbox"/> Delete
NAME	MCEWAN, JOHN J	
STREET ADDRESS	ONE MAYNARD DRIVE	
CITY-ST-ZIP	PARK RIDGE NJ	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RONNIE, LEONARD H JR	
STREET ADDRESS	6400 POPLAR AVENUE	
CITY-ST-ZIP	MEMPHIS TN	
TITLE	AT	<input type="checkbox"/> Delete
NAME	FINNEGAN, JOHN	
STREET ADDRESS	6400 POPLAR AVENUE	
CITY-ST-ZIP	MEMPHIS TN	

TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas Kliman	
STREET ADDRESS	6400 Poplar Avenue	
CITY-ST-ZIP	Memphis TN 38197	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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

4/20/00

Date

901-763-6000

Daytime Phone #

CR2E034 (9/99)