2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# 851966

Entity Name: APPLETON PAPERS INC.

Current Principal Place of Business:

825 EAST WISCONSIN AVENUE
APPLETON, WI 54912

New Principal Place of Business:

Current Mailing Address:

PO BOX 1872
APPLETON, WI 54912 US

New Mailing Address:

FEI Number: 36-2556469 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title:	VP	( ) Delete
Name:	FERREE, THOMAS J	
Address:	825 E WISCONSIN AVENUE	
City-St-Zip:	APPLETON, WI	
Title:	VP	( ) Delete
Name:	BOLHOUS, KATHLEEN M	
Address:	825 E WISCONSIN AVE.	
City-St-Zip:	APPLETON, WI	
Title:	PRES	( ) Delete
Name:	RICHARDS, MARK R	
Address:	825 E. WISCONSIN AVE.	
City-St-Zip:	APPLETON, WI	
Title:	VP	( ) Delete
Name:	TYCZKOWSKI, ANGELA M	
Address:	825 E WISCONSIN AVE.	
City-St-Zip:	APPLETON, WI	
Title:	AS	( ) Delete
Name:	MIELIULIS, BEN	
Address:	825 E WISCONSIN AVE.	
City-St-Zip:	APPLETON, WI 54912	
Title:	CONT	( ) Delete
Name:	FLETCHER, JEFFREY J	
Address:	825 EAST WISCONSIN AVE.	
City-St-Zip:	APPLETON, WI 54912	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	S	(X) Change ( ) Addition
Name:	JERMAIN, PATRICK J	
Address:	825 E WISCONSIN AVE.	
City-St-Zip:	APPLETON, WI	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY J FLETCHER CONT 04/07/2009

Electronic Signature of Signing Officer or Director — Date