

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 06, 2001 8:00 am**  
**Secretary of State**  
 02-06-2001 90249 045 \*\*\*150.00

**DOCUMENT # F00000000114**

1. Entity Name

**KETCHIKAN PULP COMPANY**

Principal Place of Business

P.O. BOX 6600  
 KETCHIKAN AK 99901

Mailing Address

P.O. BOX 6600  
 KETCHIKAN AK 99901

**712613**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

**111 SW Fifth Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 200, Attn: Ann Mahone**

City & State

City & State

**Portland, OR**

4. FEI Number **91-0727838**

Applied For

Not Applicable

Zip

Country

Zip

Country

**97204**

**USA**

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

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301**

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, 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DCEO<br/>SUWYN, MARK A<br/>111 S.W. 5TH AVENUE<br/>PORTLAND OR 97204</b>         | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>DVT<br/>STEVENS, CURTIS M<br/>111 S.W. 5TH AVENUE<br/>PORTLAND OR 97204</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>PD<br/>PAULSON, CHRIS C<br/>13455 N. GOVERNMENT WAY<br/>HAYDEN LAKE ID 83835</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>S<br/>KIRCHHOF, ANTON C<br/>111 S.W. FIFTH AVENUE<br/>PORTLAND OR 97204</b>      | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>AS<br/>ANDERSON, DOUGLAS P<br/>13455 GOVERNMENT WAY<br/>HAYDEN LAKE ID 83835</b> | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <b>See attached list for additional officers/directors.</b>                         | <input type="checkbox"/> Delete |

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:

**Anton C. Kirchhof**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/23/01**  
 Date

**(503) 221-0800**  
 Daytime Phone #

CR2E034 (10/00)

Attachment Doc # ~~FOIA~~ 114

**KETCHIKAN PULP COMPANY**

**DIRECTORS**

7/26/03

Mark A. Suwyn

111 S.W. Fifth Avenue  
Portland, Oregon 97204

Curtis M. Stevens

111 S.W. Fifth Avenue  
Portland, Oregon 97204

C. Chris Paulson

13455 N. Government Way  
P.O. Box 4000-98  
Hayden Lake, ID 83835

**OFFICERS**

Mark A. Suwyn

Chairman and  
Chief Executive Officer

111 S.W. Fifth Avenue  
Portland, Oregon 97204

C. Chris Paulson

President

13455 N. Government Way  
P.O. Box 4000-98  
Hayden Lake, ID 83835

Curtis M. Stevens

Vice President, Treasurer and  
Chief Financial Officer

111 S.W. Fifth Avenue  
Portland, Oregon 97204

Anton C. Kirchhof

Secretary

111 S.W. Fifth Avenue  
Portland, Oregon 97204

Douglas P. Anderson

Assistant Secretary

N. 13455 Government Way  
Hayden Lake, Idaho 83835

Christopher M. Keyes

Assistant Secretary

111 S.W. Fifth Avenue  
Portland, Oregon 97204

Owen J. Graham

Assistant Secretary

P.O. Box 6600  
Ketchikan, Alaska 99901

Lauri L. Zadina

Assistant Secretary

P.O. Box 6600  
Ketchikan, Alaska 99901

Mark G. Tobin

Assistant Treasurer

111 S.W. Fifth Avenue  
Portland, Oregon 97204

Dwayne Tofell

Director of Taxes

111 S.W. Fifth Avenue  
Portland, Oregon 97204