


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000000207 1. Entity Name KIMBERLY-CLARK GLOBAL SALES, INC.	
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Principal Place of Business 351 PHELPS DRIVE IRVING, TX 75038	Mailing Address P.O. BOX 619100 DALLAS, TX 75261-9100
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DO NOT WRITE IN THIS SPACE



04252005 No Chg-P CR2E034 (10/03)

4. FEI Number 41-2046103	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BUTHMAN, MARK A P.O. BOX 619100 DALLAS, TX 752619100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT VARNEY, JOLENE 351 PHELPS DRIVE IRVING, TX 75038
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS MC CRAY, RONALD P.O. BOX 619100 DALLAS, TX 752619100
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V ABERNATHY, ROBERT E 1400 HOLCOMB BRIDGE RD. ROSWELL, GA 300769701
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNARD, DAVID L 401 N. LAKE STREET NEENAH, WI 54956
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NERISON, JANE P P.O. BOX 59051 KNOXVILLE, TN 379509051

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05/05/05-80008-009 150.00

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Eileen D. Frack</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	4-25-05 920721-2355 Date Daytime Phone *
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