2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 08:00 AM
Secretary of State

DOCUMENT # F03000005202

1. Entity Name
STORA ENSO NORTH AMERICA CORP.

Principal Place of Business	Mailing Address
510 HIGH ST. WISCONSIN RAPIDS, WI 54495-8050	P.O. BOX 8050 WISCONSIN RAPIDS, WI 54495-8050

03102005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
39-2003332
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$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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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000303016
04/13/05-80094-008 150.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	BENGTSSON, LARS
STREET ADDRESS	510 HIGH ST.
CITY-ST-ZIP	WISCONSIN RAPIDS, WI 544958050
TITLE	D
NAME	TOIKKA, SEPPO
STREET ADDRESS	510 HIGH ST.
CITY-ST-ZIP	WISCONSIN RAPIDS, WI 544958050
TITLE	VP
NAME	BERGIN, JOHN
STREET ADDRESS	510 HIGH ST.
CITY-ST-ZIP	WISCONSIN RAPIDS, WI 544958050
TITLE	VP
NAME	GULLEN, JOHN
STREET ADDRESS	510 HIGH ST.
CITY-ST-ZIP	WISCONSIN RAPIDS, WI 544958050
TITLE	VP
NAME	HYTTINEN, ASKO
STREET ADDRESS	510 HIGH ST.
CITY-ST-ZIP	WISCONSIN RAPIDS, WI 544958050
TITLE	VP
NAME	LAATSCH, TIMOTHY
STREET ADDRESS	510 HIGH ST.
CITY-ST-ZIP	WISCONSIN RAPIDS, WI 544958050

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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: Dawn E. Neuman Dawn E. Neuman, Treasurer 3/10/05 (715) 422-4397
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #