

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 11, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000003436

1. Entity Name
SOUTHEASTERN PAPER GROUP INC.



Principal Place of Business
**6201 CORPORATE PARK DRIVE
BROWNS SUMMIT, NC 27214**

Mailing Address
**P.O. BOX 330
BROWN SUMMIT, NC 37214**



01032008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 58-1468682	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

**CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301**

**DO NOT WRITE
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	CVP MILLER, E. LEWIS JR. 50 OLD BLACKSTOCK ROAD SPARTANBURG, SC 29304
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVC MILLER, TERRY S 8100 SOUTHERLAND DRIVE BROWNS SUMMIT, NC 27214
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPS KIRCHNER, PHYLLIS 6201 CORPORATE PARK DRIVE BROWNS SUMMIT, NC
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01/14/08-80006-005 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

Phyllis Kirchner V.P. *Phyllis Kirchner V.P.* 1-8-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #