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Mar 19, 2007 8:00 am
Secretary of State
03-19-2007 90052 011 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000005211

1. Entity Name
SUZANO AMERICA, INC.

40036666

Principal Place of Business	Mailing Address
45 CHURCH ST., STE. 201 STAMFORD, CT 06906	45 CHURCH ST., STE. 201 STAMFORD, CT 06906

03062007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
550 W Cypress Creek Rd		550 W Cypress Creek Rd.	
Suite, Apt. #, etc.: Ste 420		Suite, Apt. #, etc.: Ste 420	
City & State: Ft. Lauderdale FL		City & State: Ft. Lauderdale FL	
Zip: 33309	Country: USA	Zip: 33309	Country: USA

4. FEI Number 52-1801618 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301

7. Name and Address of New Registered Agent

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

SIGNATURE ______________________________
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP O'CONNOR, GERALD J. 45 CHURCH ST., STE. 201 STAMFORD, CT 06906	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'Connor Gerald J. 550 W Cypress Creek Rd Ste 420 Fort Lauderdale FL 33309	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONKOSKI, RICHARD S. 45 CHURCH ST., STE. 201 STAMFORD, CT 06906	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

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: [signature] - GERALD J. O'CONNOR 14 MAR 07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #