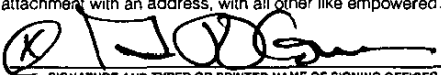


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 19, 2007 8:00 am
Secretary of State

03-19-2007 90052 011 ***150.00

DOCUMENT # F06000005211 1. Entity Name SUZANO AMERICA, INC.			
Principal Place of Business 45 CHURCH ST., STE. 201 STAMFORD, CT 06906		Mailing Address 45 CHURCH ST., STE. 201 STAMFORD, CT 06906	
2. Principal Place of Business - No P.O. Box # 550 W Cypress Creek Rd		3. Mailing Address 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 _____ (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, 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	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete D O'Connor Gerald J. 550 W Cypress Creek Rd Ste 420 Fort Lauderdale FL 33309
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BONKOSKI, RICHARD S. 45 CHURCH ST., STE. 201 STAMFORD, CT 06906	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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ 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
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: 		-GERALD J. O'CONNOR 14 MAR 07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

40036666



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