2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F06000005211

FILED Apr 22, 2009 Secretary of State

Entity Name: SUZANO AMERICA, INC. **Current Principal Place of Business: New Principal Place of Business:** 550 W. CYPRESS CREEK RD. STE 420 FORT LAUDERDALE, FL 33309 **New Mailing Address: Current Mailing Address:** 550 W. CYPRESS CREEK RD. STE 420 FORT LAUDERDALE, FL 33309 FEI Number: 52-1801618 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: (X) Change () Addition () Delete Title: BENJUNG, PETER BENJUNG, PETER Name: Name: 45 CHURCH ST., STE. 201 550 W. CYPRESS CREEK RD., STE 420 Address: Address: City-St-Zip: STAMFORD, CT 06906 City-St-Zip: FORT LAUDERDALE, FL 33309

() Change () Addition

Title: () Delete

Name: BENJUNG, PETER 550 W. CYPRESS CREEK RD., STE 420 Address: FORT LAUDERDALE, FL 33309 City-St-Zip:

Title: Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

VΡ SIGNATURE: PETER BENJUNG 04/22/2009