

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000003669

FILED  
Apr 03, 2012  
Secretary of State

**Entity Name:** CASCADES TISSUE GROUP - SALES INC.

**Current Principal Place of Business:**

1200 FOREST STREET  
EAU CLAIRE, WI 54703

**New Principal Place of Business:**

**Current Mailing Address:**

1200 FOREST STREET  
EAU CLAIRE, WI 54703

**New Mailing Address:**

**FEI Number:** 11-3726050

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

Title: DP  
Name: HAYDEN, GARY A  
Address: 1200 FOREST STREET  
City-St-Zip: EAU CLAIRE, WI 54703

Title: D  
Name: HOGG, ALLAN  
Address: 404 MARIE VICTORIN  
City-St-Zip: KINGSEY FALLS QC CANADA, JOA 1B0 XX

Title: DS  
Name: PRENEVOST, GUY  
Address: 148 HUDSON RIVER ROAD  
City-St-Zip: WATERFORD, NY 12188

Title: ASD  
Name: PAUL, LOUISE  
Address: 772 SHERBROOKE STREET WEST  
City-St-Zip: MONTREAL QC CANADA H3A 1G1, XX

Title: D  
Name: BREAUULT, JEAN P  
Address: 1200 FOREST STREET  
City-St-Zip: EAU CLAIRE, WI 54703

Title: DVPT  
Name: SCIARRINO, SAL  
Address: 4001 PACKARD ROAD  
City-St-Zip: NIAGARA FALLS, NY 14303 US

I hereby 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 all other like empowered.

SIGNATURE: LOUISE PAUL

ASD

04/03/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date