FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:00

DOCUMENT # F94000004594 (7)

1. Corporation Name

INTERCONTINENTAL CELLULOSE SALES, INC.

Principal Place of Business	Mailing Address
200 S. BISCAYNE BLVD., STE. 3850 MIAMI FL 33131	200 S. BISCAYNE BLVD., STE. 3850 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/06/1994
3a. Date of Last Report:

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25):

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30):

4. FEI Number: 13-3250392 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST., STE. 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City: FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (N 12	
TITLE	C	1.1 TITLE	☐ Change ☐ Addition
NAME	LUNDBERY, BERTIL	1.2 NAME	
STREET ADDRESS	P.O. BOX 2305-40123	1.3 STREET ADDRESS	
CITY-ST-ZIP	GUTHENBURG, SWEDEN	1.4 CITY-ST-ZIP	
TITLE	DP	2.1 TITLE	☐ Change ☐ Addition
NAME	SVENSSON, JAN	2.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 3850	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	2.4 CITY-ST-ZIP	
TITLE	V	3.1 TITLE	☐ Change ☐ Addition
NAME	ANZELMO, LEE	3.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 3850	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	COOPER, NEIL	4.2 NAME	
STREET ADDRESS	200 S. BISCAYNE BLVD., STE. 3850	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33131	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☒ Addition
NAME		5.2 NAME	D
STREET ADDRESS		5.3 STREET ADDRESS	Lars Ahlman
CITY-ST-ZIP		5.4 CITY-ST-ZIP	c/o Ekman Lieby, Kampegatan 3 PO Box 230, S-401 23, Gothenburg Sweden
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	D
STREET ADDRESS		6.3 STREET ADDRESS	Lars Applegren
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Same as Above

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/31/95 305-579-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0126503 CP

7.1 Title D

7.2 Name Olof Johansson

7.3 Street Address: C/O EKMAN Liebig Kampgeten 3
P.O. Box 230, S-40123, Gothenburg, Sweden

8.1 Title D

8.2 Name Hans Tidebrant

8.3 Address SAME AS Above