

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 24 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000006088 (8)

1. Corporation Name
MACMILLAN BLOEDEL PACKAGING INC.



Principal Place of Business
4001 CARMICHAEL RD.
300
MONTGOMERY AL 36106-3635
US

Mailing Address
5895 WINDWARD PARKWAY
SUITE 200
ALPHARETTA GA 30202-8805
US

3. Date Incorporated or Qualified
11/29/1994

3a. Date of Last Report
02/06/1996

4. FEI Number
58-2139110

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

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

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

9. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
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: _____ (NOTE: Registered Agent's signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ERNST, F. V	
STREET ADDRESS	4001 CARMICHAEL RD.	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FERGUSON, G.M.	
STREET ADDRESS	925 W. GEORGIA ST.	
CITY-ST-ZIP	VANCOUVER B.	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	CRAIG, R. H	
STREET ADDRESS	4001 CARMICHAEL RD., #300	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MICHAELS, R.A.	
STREET ADDRESS	4001 CARMICHAEL RD., #300	
CITY-ST-ZIP	MONTGOMERY AL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	SOUTHERN, W.B.	
STREET ADDRESS	5 ROLLING HILLS DR.	
CITY-ST-ZIP	CAMDEN AL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TIGNOR, J.L.	
STREET ADDRESS	4001 CARMICHAEL RD., #300	
CITY-ST-ZIP	MONTGOMERY AL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	AS
5.3 STREET ADDRESS	Roy Thrash Jr.
5.4 CITY-ST-ZIP	509 Dallas Ave. Selma, AL 36701
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	V/D
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing 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: *[Signature]* 1/10/97 (720) 740-7605

CR2E034 (9/96)