

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

FILED
Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
US**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date incorporated or Qualified	Applied For
11/29/1994	<input type="checkbox"/> Not Applicable
4. FEI Number	Applied For
58-2139110	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	81 Name
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City
	85 Zip Code

10. Name and Address of New Registered Agent

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	ERNST, F. V
STREET ADDRESS	4001 CARMICHAEL RD.
CITY-ST-ZIP	MONTGOMERY AL
TITLE	VD
NAME	FERGUSON, G.M.
STREET ADDRESS	925 W. GEORGIA ST.
CITY-ST-ZIP	VANCOUVER B.
TITLE	VDS
NAME	CRAIG, R. H
STREET ADDRESS	4001 CARMICHAEL RD., #300
CITY-ST-ZIP	MONTGOMERY AL
TITLE	V
NAME	MICHAELS, R.A.
STREET ADDRESS	4001 CARMICHAEL RD., #300
CITY-ST-ZIP	MONTGOMERY AL
TITLE	AS
NAME	THRASH, ROY JR
STREET ADDRESS	509 DALLAS AVE
CITY-ST-ZIP	SELMA AL
TITLE	V
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 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 checked="" type="checkbox"/> Addition
4.2 NAME	JW Emerson
4.3 STREET ADDRESS	no. 3 Rivernew Estates
4.4 CITY-ST-ZIP	Camden, AL 36726
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	700002416737
5.3 STREET ADDRESS	-01/30/98--01008--016
5.4 CITY-ST-ZIP	***150.00
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	VP
6.3 STREET ADDRESS	Charles F Perkins
6.4 CITY-ST-ZIP	10 Kieth Way Selma AL 36701

14. I 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 or 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 *Man Perkins*

1/30/98 *777-716 785*

CR2E034 (10/97)