

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90066 017 ***150.00

DOCUMENT # F94000006088

1. Entity Name

WEYERHAEUSER PACKAGING INC.

Principal Place of Business

4001 CARMICHAEL RD.
 300
 MONTGOMERY AL 36106-3635
 US

Mailing Address

WEYERHAEUSER PACKAGING INC
 TAX DEPT CHZE29 PO BOX 2999
 TACOMA WA 98477
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

Tax Dept. CHZE29

PO Box 9777

Federal Way WA

98063-9777

US



DO NOT WRITE IN THIS SPACE

4. FEI Number **58-2139110**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

- Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Delete
NAME	KELLER, JAMES R	
STREET ADDRESS	33663 WEYERHAEUSER WAY S	
CITY-ST-ZIP	FEDERAL WAY WA 98003	
TITLE	DVPC	<input type="checkbox"/> Delete
NAME	DOWDY, ROBERT A	
STREET ADDRESS	33663 WEYERHAEUSER WAY S	
CITY-ST-ZIP	FEDERAL WAY WA 98003	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROGEL, STEVEN R	
STREET ADDRESS	33663 WEYERHAEUSER WAY S	
CITY-ST-ZIP	FEDERAL WAY WA 98003	
TITLE	VRRM	<input type="checkbox"/> Delete
NAME	EMERSON, JW	
STREET ADDRESS	NO. 3 RIVERVIEW ESTATES	
CITY-ST-ZIP	CAMDEN AL 36726	
TITLE	AS	<input type="checkbox"/> Delete
NAME	THRASH, ROY JR	
STREET ADDRESS	509 DALLAS AVE	
CITY-ST-ZIP	SELMA AL	
TITLE	AS	<input type="checkbox"/> Delete
NAME	POLLOCK, LARRY W	
STREET ADDRESS	33663 WEYERHAEUSER WAY S	
CITY-ST-ZIP	FEDERAL WAY WA 98003	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Larry W. Pollock
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Larry W. Pollock

Date

Daytime Phone #

1-11-01 253-924-2254

CR2E034 (10/00)