2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State

DOCUMENT # F96000001637 1. Enlity Name SCOTT PAPER COMPANY						05-02-2005	90378 001 ***1	50.00
Principal Place of Business 1209 ORANGE ST. WILMINGTON, DE 19801		Mailing Address 1209 ORANGE ST. WILMINGTON, DE 19801		·	14012000 -			
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04212005	Chg-P	CR2E034 (10/03)	
City & State		City & State			4. FEI Numbe 51-0374			pplied For ot Applicable
Zíp	Country	Zip	Country		5. Certificate	of Status Desired	S8.75 Ad Fee Require	
	6. Name and Address of Current F	legistered Agent	\$1		7. Name and	Address of New Re	gistered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Street	Street Address (P.O. Box Number is Not Acceptable)				
			City		<u> </u>		FL Zip Cod	le
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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, syced or printed name of registered agent and ritle if applicable (NOTE: Registered Agent signature required when reinstating) DATE								
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Fina Trust Fund Contribution				\$5. Adde	00 May Be ed to Fees			
10.	OFFICERS AND D	IRECTORS	11.		ADDITIONS/0	HANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CHY-ST-ZIP	PD FERRUCCI, MARK A 1209 ORANGE ST. WILMINGTON, DE 19801	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12	ES/DIR. CTOR A. 209 ORANG	E ST.	Change	Addition
TITLE	VTS	⊠ Oelete	TITLE	TV		<u>DE 1980.</u>	L 1₹7 Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	HORNE, ADRIANNE M 1209 ORANGE ST. WILMINGTON, DE 19801	:	NAME STREET ADDRESS CITY-ST-ZIP	C2	MILIA M. 209 ORANG LMINGTON	E ST.	-	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTSD LUTTHANS, KIM E 1209 ORANGE ST. WILMINGTON, DE 19801	Ex oelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	12	ENNETH J. 209 ORANG		X 1 Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	VS DENNY, C M 1209 ORANGE ST. WILMINGTON, DE 19801	反 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VS JONES, MICHAEL E 350 N ST. PAUL DALLAS, TX 19801	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP	actifut that the information cumplied with the	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		olice 110 07/07/6		☐ Change	☐ Addition

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Rorida Statutes. I further certify that the information indicated on this report of 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 repeiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: CIPILLE W LOW VICE PRESIDENT SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/2005

(302)658-7581

Date

Daytime Phone #