

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # F96000001637

1. Entity Name  
 SCOTT PAPER COMPANY



Principal Place of Business  
 1209 ORANGE ST.  
 WILMINGTON, DE 19801

Mailing Address  
 1209 ORANGE ST.  
 WILMINGTON, DE 19801

**DO NOT WRITE IN THIS SPACE**



04242006 No Chg-P CR2E034 (11/05)

4. FEI Number 51-0374287	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE IN THIS SPACE**

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

(NOTE: Registered Agent Signature required when restate)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DUVA, VICTOR A 1209 ORANGE ST. WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TVD DENNY, CAMILIA M 1209 ORANGE ST. WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD UVA, KENNETH 1209 ORANGE ST. WILMINGTON, DE 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS JONES, MICHAEL E 350 N ST. PAUL DALLAS, TX 19801
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000556279  
 05/17/06-80003-014 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other the empowered.

SIGNATURE: \_\_\_\_\_

*Michael E. Jones*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Vice President

4/24/2006

302-658-7581

Date

Daytime Phone #