

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

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Apr 03 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 # F96000002056 (7) 1. Corporation Name GEORGIA-PACIFIC SHARED SERVICES CORP.			
Principal Place of Business 133 PEACHTREE ST., N.E. ATLANTA GA 30303		Mailing Address 133 PEACHTREE ST., N.E. ATLANTA GA 30303-1808	
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
3. Date Incorporated or Qualified 04/22/1996		3a. Date of Last Report 04/22/1996	
4. FEI Number 58-1878486		Applied For 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City FL B5 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 signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE PD NAME MORTENSEN, DAMS K STREET ADDRESS 133 PEACHTREE ST., N.E. CITY - ST - ZIP ATLANTA GA 30303		1.1 TITLE PD 1.2 NAME Gerard R. Brandt 1.3 STREET ADDRESS 133 Peachtree Street N.E. 1.4 CITY - ST - ZIP Atlanta, GA 30303	
2. TITLE VS NAME KELLEY, JAMES F STREET ADDRESS 133 PEACHTREE ST., N.E. CITY - ST - ZIP ATLANTA GA 30303		2.1 TITLE Assistant Secretary 2.2 NAME Joyce Murty 2.3 STREET ADDRESS 133 Peachtree Street, N.E. 2.4 CITY - ST - ZIP Atlanta, GA 30303	
3. TITLE VD NAME CORRELL, A D STREET ADDRESS 133 PEACHTREE ST., N.E. CITY - ST - ZIP ATLANTA GA 30303		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	
4. TITLE VDCF NAME MCGOVERN, JOHN F STREET ADDRESS 133 PEACHTREE ST., N.E. CITY - ST - ZIP ATLANTA GA 30303		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	
5. TITLE V NAME GLASS, DONALD L STREET ADDRESS 133 PEACHTREE ST., N.E. CITY - ST - ZIP ATLANTA GA 30303		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
6. TITLE V NAME KENNEDY, CLINT M STREET ADDRESS 133 PEACHTREE ST., N.E. CITY - ST - ZIP ATLANTA GA 30303		6.1 TITLE 6.2 NAME 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: _____ JOYCE MURTY ASSISTANT SECRETARY		3/24/97 404-652-4000	

CR2E034 (9/96)