

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004343

1. Entity Name  
PAPERWEIGHT, INC.

FILED

03 MAR 11 PM 12:28

Principal Place of Business

2465 FAIRVIEW AVE. N.  
ROSEVILLE MN 55113

Mailing Address

2465 FAIRVIEW AVE. N.  
ROSEVILLE MN 55113

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT 02-03  
(DO NOT WRITE IN THIS SPACE)

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number 41-1556153

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

CHINANDER, STEVEN J  
9101 INTERNATIONAL DR. AT REPUBLIC DR.  
POINT ORLANDO, UNIT 212  
ORLANDO FL 32819

7. Name and Address of New Registered Agent

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. 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 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 \$550.00  
After September 13, 2002 Fee will be \$750.00  
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

TITLE P  
NAME CHINANDER, PATRICIA  
STREET ADDRESS 5333 HODGSON RD.  
CITY-ST-ZIP SHOREVIEW MN

TITLE V  
NAME CHINANDER, STEVEN  
STREET ADDRESS 5333 HODGSON RD.  
CITY-ST-ZIP SHOREVIEW MN

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300009714053  
12/27/02--01026--022 \*\*558.75

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300009714053  
02/03/03--01110--003 \*\*150.00

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300009714053  
03/14/03--01038--018 \*\*141.25

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/1/02 6516391413

CR2003d (4/02)