

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F98000002461

FILED  
Aug 21, 2003  
Secretary of State

Entity Name: CELLMARK PULP & PAPER, INC.

## Current Principal Place of Business:

2800 PONCE DE LEON BLVD., #1160  
CORAL GABLES, FL 33134

## New Principal Place of Business:

## Current Mailing Address:

300 ATLANTIC STREET  
SUITE 500  
STAMFORD, CT 068901 US

## New Mailing Address:

FEI Number: 94-3038823

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ROBERT, MIGUEL  
2800 PONCE DE LEON BLVD., #1160  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: EGGEFORS, ULF  
Address: OSTRAMHNGATEN 17, BOX 11927  
City-St-Zip: GOTHENBURG, SE 40439 SE

Title: VPSD ( ) Delete  
Name: MOSCA, ANTHONY M  
Address: 300 ATLANTIC STREET  
City-St-Zip: STAMFORD, CT 06901

Title: D ( ) Delete  
Name: GLEASON, WILLIAM A  
Address: 200 TAMAL PLAZA, #200  
City-St-Zip: CORTE MADERA, CA 94925

Title: D ( ) Delete  
Name: HULTENGREN, PER  
Address: OSTRAMHNGATEN 17, BOX 11927  
City-St-Zip: GOTHENBURG, SE 40439 SE

Title: D ( ) Delete  
Name: KLING, HANS  
Address: OSTRAMHNGATEN 17, BOX 11927  
City-St-Zip: GOTHENBURG, SE 40439 SE

Title: VP ( ) Delete  
Name: MEROLE, DOMINICK  
Address: 300 ATLANTIC STREET  
City-St-Zip: STAMFORD, CT 06901 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY M MOSCA

VPSD

08/21/2003

Electronic Signature of Signing Officer or Director

Date