

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000000495

1. Entity Name

SCA HYGIENE PAPER, INC.

**FILED**  
**May 13, 2000 8:00 am**  
**Secretary of State**

05-13-2000 90046 029 \*\*\*150.00

Principal Place of Business

Mailing Address

500 BALDWIN TOWER  
 EDDYSTONE PA 19022

500 BALDWIN TOWER  
 EDDYSTONE PA 19022-1333

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **94-2343517**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.  
 9200 SOUTH DADELAND BLVD.  
 SUITE 508  
 MIAMI FL 33156

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.

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 \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PC	<input type="checkbox"/> Delete
NAME	JOHANSSON, HAKAN	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE PA 19022	
TITLE	VVC	<input checked="" type="checkbox"/> Delete
NAME	DALSTRA, PETER	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE PA 19022	
TITLE	ST	<input checked="" type="checkbox"/> Delete
NAME	BENELL, KENNETH E	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE PA 19022	
TITLE	D	<input type="checkbox"/> Delete
NAME	RIEDE, BERNHARD	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE PA 19022	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAKAN JOHANSSON	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE, PA. 19022	
TITLE	VP GENERAL MAN./DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DAN FILIPPINI	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE, PA. 19022	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STEVE FISHER	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE, PA. 19022	
TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARD PIECHOWSKI	
STREET ADDRESS	500 BALDWIN TOWER	
CITY-ST-ZIP	EDDYSTONE, PA. 19022	

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:

*R. Benell*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY

4/20/00

610-499-3374

Date

Daytime Phone #

CR2E034 (9/99)