

2000 UNIFORM BUSINESS REPORT (UBR)

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

05-13-2000 90046 031 ***150.00

DOCUMENT # F99000003374

1. Entity Name
SCA HYGIENE PRODUCTS, INC.

C0089874



DO NOT WRITE IN THIS SPACE

Principal Place of Business 500 BALDWIN TOWER EDDYSTONE PA 19022	Mailing Address 500 BALDWIN TOWER EDDYSTONE PA 19022-1333
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State	4. FEI Number 68-0283647	Applied For <input type="checkbox"/> Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED CORPORATE SERVICES, INC.
801 NORTHEAST 167TH ST, STE 300
NORTH MIAMI BEACH FL 33162

Name	Street Address (P.O. Box Number is Not Acceptable)	City	FL	Zip Code
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	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. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLEMENT, JOHN S 500 BALDWIN TOWER EDDYSTONE PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT/DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GUNNAR JOHANSSON 500 BALDWIN TOWER EDDYSTONE, PA. 19022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HINCKLEY, THOMAS L 500 BALDWIN TOWER EDDYSTONE PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/INCO/DIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition THOMAS L HINCKLEY 500 BALDWIN TOWER EDDYSTONE, PA. 19022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PIECHOWSKI, RICHARD 500 BALDWIN TOWER EDDYSTONE PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FISHER, STEVE 500 BALDWIN TOWER EDDYSTONE PA 19022 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition JOHN S CLEMENT 500 BALDWIN TOWER EDDYSTONE, PA. 19022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT/ISSUE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DAN FILIPPINI 500 BALDWIN TOWER 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: *[Signature]* SECRETARY 4/20/00 610-499-3376
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)