

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90077 014 \*\*\*150.00

**DOCUMENT # F99000005987**

1. Entity Name  
**PACIFIC PAPER MARKETING USA INC.**

Principal Place of Business Mailing Address  
~~806 S.W. BROADWAY, SUITE 300~~  
~~PORTLAND OR 97205~~  
**8592 NE Alderwood Rd**  
**Portland, OR 97220**  
~~806 S.W. BROADWAY, SUITE 300~~  
~~PORTLAND OR 97205~~  
**8592 NE Alderwood Rd**  
**Portland, OR 97220**

2. Principal Place of Business Suite/Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number **93-0794439** Applied For Not Applicable

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

## 6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

## 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.

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. ☐ (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2002 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

TITLE	PTD	<input type="checkbox"/> Delete
NAME	PETERS, JAMES R	
STREET ADDRESS	<del>806 S.W. BROADWAY, SUITE 300</del>	
CITY-ST-ZIP	<del>PORTLAND OR 97205</del>	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	KNIGHT, ALICE O	
STREET ADDRESS	<del>806 S.W. BROADWAY, SUITE 300</del>	
CITY-ST-ZIP	<del>PORTLAND OR 97205</del>	
TITLE	CD	<input type="checkbox"/> Delete
NAME	ABOTOMEY, DARRYL	
STREET ADDRESS	<del>685 BURKE ROAD</del>	
CITY-ST-ZIP	<del>GAMBERWELL, AUSTRALIA OR 97205</del>	
TITLE	D	<input type="checkbox"/> Delete
NAME	ESSEX, PETER	
STREET ADDRESS	<del>685 BURKE ROAD</del>	
CITY-ST-ZIP	<del>GAMBERWELL, AUSTRALIA OR 97205</del>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

## 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8592 NE Alderwood Rd</b>	
CITY-ST-ZIP	<b>Portland, OR 97220</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>8592 NE Alderwood Rd</b>	
CITY-ST-ZIP	<b>Portland, OR 97220</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>307 Ferngully Rd Mt Waverley</b>	
CITY-ST-ZIP	<b>Victoria, 3149 Australia</b>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	<b>307 Fern Gully Rd Mt Waverley</b>	
CITY-ST-ZIP	<b>Victoria, 3149 Australia</b>	
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		

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:

*Alice Knight*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/02

Date

503-227-6615

Daytime Phone #

CR2E034 (9/01)