

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90043 044 ***150.00

DOCUMENT # F99000005987

1. Entity Name

PACIFIC PAPER MARKETING USA INC.



Principal Place of Business

8592 NE ALDERWOOD RD
PORTLAND OR 97220

Mailing Address

8592 NE ALDERWOOD RD
PORTLAND OR 97220

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

7. Name and Address of New Registered Agent

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

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

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PTD ☐ Delete
NAME PETERS, JAMES R
STREET ADDRESS 8592 NE ALDERWOOD RD
CITY-ST-ZIP PORTLAND OR 97220

TITLE VSD ☐ Delete
NAME KNIGHT, ALICE O
STREET ADDRESS 8592 NE ALDERWOOD RD
CITY-ST-ZIP PORTLAND OR 97220

TITLE CD ☐ Delete
NAME ABOTOMEY, DARRYL
STREET ADDRESS 307 FERNGULLY RD, MT WAVERLY
CITY-ST-ZIP VICTORIA, AUSTRALIA 3149

TITLE D ☒ Delete
NAME ESSEX, PETER
STREET ADDRESS 307 FERNGULLY RD, MT WAVERLY
CITY-ST-ZIP VICTORIA, AUSTRALIA 3149

TITLE D ☐ Delete
NAME WIGHTWICK, IAN
STREET ADDRESS 307 FERNGULLY RD
CITY-ST-ZIP MT WAVERLY VICTORIA AU

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Alice O. Knight* Alice O. Knight VP Finance 7/18/04 503-227-6615
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *201 109*