

**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



MOORE

CR2E034 (11/03)

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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 2/18/04 503-227-6615  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # *201 109*