2006 FOR PROFIT CORPORATION ANNUAL REPORT

Mar 31, 2006 8:00 am Secretary of State DOCUMENT # F99000005987 03-31-2006 90010 029 ***150.00 PAPER PRODUCTS MARKETING (USA) INC. Principal Place of Business Mailing Address 8592 NE ALDERWOOD RD 8592 NE ALDERWOOD RD PORTLAND, OR 97220 PORTLAND, OR 97220 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/05) 01252006 Cho-P City & State City & State 4. FEI Number Applied For 93-0794439 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FL 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. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. П Added to Fees After May 1, 2006 Fee will be \$550.00 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD TITI F ☐ Delete TITLE ☐ Addition PETERS, JAMES R NAME NAME 8592 NE ALDERWOOD RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORTLAND, OR 97220 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME KNIGHT, ALICE O NAME STREET ADDRESS 8592 NE ALDERWOOD RD STREET ADDRESS CITY-ST-71P PORTLAND, OR 97220 CRTY+ST-ZIP TITLE Delete TITLE ☐ Change Addition Addition CDPeter Jones 307 Ferngully Adm Twaverley ABOTOMEY, DARRYL NAME NAME STREET ADDRESS 307 FERNGULLY RD, MT WAVERLY STREET ADDRESS VICTORIA, AUSTRALIA, 3149 CITY-ST-ZIP CITY-ST-ZIP Dictoria, Australia 3149 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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.

FILED

222-3109

Alice O. Knight