


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2008 08:00 A
Secretary of State

DOCUMENT # F99000005987		
1. Entity Name PAPER PRODUCTS MARKETING (USA) INC.		
Principal Place of Business 4380 SW MACADAM AVE., SUITE 370 PORTLAND, OR 97239	Mailing Address 4380 SW MACADAM AVE., SUITE 370 PORTLAND, OR 97239	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD PETERS, JAMES R 8592 NE ALDERWOOD RD PORTLAND, OR 97220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KNIGHT, ALICE O 8592 NE ALDERWOOD RD PORTLAND, OR 97220	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JONES, PETER 307 FARGULLY RD MT WAVERLEY VICTORIA, AUSTRALIA, 3149	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing 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		
SIGNATURE: <u>Alice O. Knight VP Finance</u> 3/27/08 971-222-3109 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



03282008 No Chg-P CR2E034 (11/05)

4. FEI Number 93-0794439	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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04/17/08-80054-007 150.00

**DO NOT WRITE
IN THIS SPACE**