

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000005987

FILED
Apr 08, 2009
Secretary of State

Entity Name: PAPER PRODUCTS MARKETING (USA) INC.

Current Principal Place of Business:

4380 SW MACADAM AVE., SUITE 370
PORTLAND, OR 97239

New Principal Place of Business:

Current Mailing Address:

4380 SW MACADAM AVE., SUITE 370
PORTLAND, OR 97239

New Mailing Address:

FEI Number: 93-0794439

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PTD () Delete
Name: PETERS, JAMES R
Address: 8592 NE ALDERWOOD RD
City-St-Zip: PORTLAND, OR 97220

Title: VSD () Delete
Name: KNIGHT, ALICE O
Address: 8592 NE ALDERWOOD RD
City-St-Zip: PORTLAND, OR 97220

Title: CD () Delete
Name: JONES, PETER
Address: 307 FARGULLY RD MT WAVERLEY
City-St-Zip: VICTORIA, AUSTRALIA, 3149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PTD (X) Change () Addition
Name: PETERS, JAMES R
Address: 4380 SW MACADAM AVE. STE370
City-St-Zip: PORTLAND, OR 97239

Title: VSD (X) Change () Addition
Name: KNIGHT, ALICE O
Address: 4380 SW MACADAM AVE. STE370
City-St-Zip: PORTLAND, OR 97239

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALICE O. KNIGHT

VSD

04/08/2009

Electronic Signature of Signing Officer or Director

Date