

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M01000000441

FILED  
Apr 07, 2004  
Secretary of State

Entity Name: SUSTAINABLE FORESTS L.L.C.

## Current Principal Place of Business:

400 ATLANTIC ST  
C/O CORPORATE SECRETARY  
STAMFORD, CT 06901

## New Principal Place of Business:

## Current Mailing Address:

6400 POPLAR AVE.  
C/O TAX DEPT  
MEMPHIS, TN 38197

## New Mailing Address:

FEI Number: 62-1728267

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

## MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete  
Name: O'BRIEN, GEORGE  
Address: 1201 WEST LATHROP  
City-St-Zip: SAVANNAH, GA 31402

Title: MGR ( ) Delete  
Name: SMITHERS, BARBARA L  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: MGR ( ) Delete  
Name: LOFFREDO, ROSEMARIE A  
Address: 400 ATLANTIC ST  
City-St-Zip: STAMFORD, CT 06901

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change ( ) Addition  
Name: MUNSON, KENNETH T  
Address: 1201 W LATHROP  
City-St-Zip: SAVANNAH, GA 31402

Title: MGR ( ) Change (X) Addition  
Name: KLIMAN, THOMAS A  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

Title: MGR ( ) Change (X) Addition  
Name: WILLIAMSON, MICHAEL  
Address: 6400 POPLAR AVE  
City-St-Zip: MEMPHIS, TN 38197

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MICHAEL WILLIAMSON

AT

04/07/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date