## 2003 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT# M01000000441

Entity Name: SUSTAINABLE FORESTS L.L.C.

FILED Apr 08, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
6400 POPLAR AVE. MEMPHIS, TN 38197				400 ATLANTIC ST C/O CORPORATE SECRETARY STAMFORD, CT 06901			
Current Mailing Address:				New Mailing Address:			
6400 POPLAR AVE. MEMPHIS, TN 38197				6400 POPLAR AVE. C/O TAX DEPT MEMPHIS, TN 38197			
FEI Number: 62-1728267 FEI Number Applied For ( )			FEI Numi	FEI Number Not Applicable ( ) Certificate of Status Desired ( )			
Name and	d Address of C	Surrent Registered Agent:	ļ	Name and	Address of New Register	ed Agent:	
1200 SOU PLANTATI The above	PORATION SYS ITH PINE ISLAI ION, FL 33324 e named entity s e of Florida.	ND ROAD	ourpose of	changing i	s registered office or regist	ered agent, or both,	
SIGNATUI	RE:						
	Electror	ic Signature of Registered Age	ent		Date		
MANAGING MEMBERS/MEMBERS:				ADDITIONS/CHANGES:			
Title: Name: Address: City-St-Zip:	D (X) SMITH, WESLE 6400 POPULAF MEMPHIS, TX	R AVE	1	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition	
Title: Name: Address: City-St-Zip:	P ( ) O'BRIEN, GEOI 1201 WEST LA SAVANNAH, GA	THROP	1	Title: Name: Address: City-St-Zip:	MGR (X) Change ( ) Ad O'BRIEN, GEORGE 1201 WEST LATHROP SAVANNAH, GA 31402	dition	
Title: Name: Address: City-St-Zip:	VP (X) BLEIER, FRED 1201 WEST LA SAVANNAH, GA	THROP	1	Title: Name: Address: City-St-Zip:	()Change ()Ad	dition	
Title: Name: Address: City-St-Zip:	D ( ) SMITHERS, BA 400 ATLANTIC STAMFORD, C	ST	1	Title: Name: Address: City-St-Zip:	MGR (X) Change () Ad SMITHERS, BARBARA L 400 ATLANTIC ST STAMFORD, CT 06901	dition	
Title: Name: Address: City-St-Zip:	D (X) SMITH, WESLE 6400 POPULR MEMPHIS, TN	AVE	1	Title: Name: Address: City-St-Zip:	()Change ()Add	dition	
Title: Name: Address: City-St-Zip:	D () WEISS, JULIUS 400 ATLANTIC STAMFORD, C	ST	1	Title: Name: Address: City-St-Zip:	MGR (X) Change ( ) Ad LOFFREDO, ROSEMARIE A 400 ATLANTIC ST STAMFORD, CT 06901	dition	

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: BARBARA L SMITHERS MGR 04/08/2003