## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## FILED Apr 22, 2008 8:00 am Secretary of State

DOCUMENT # M0600006980  1. Entity Name WAUSAU PAPER TOWEL & TISSUE, LLC						04-22-2008	90098 030 ***	138.75
Principal Place	e of Business	Mailing Address						
100 PAPER PLACE Mosinee, Wi 54455		100 PAPER PLACE Mosinee, Wi 54455						
MOSINEE, WI	J <del>11</del> JJ	MOSHIEL, THE SHADS			1 (8818911 111)		(  WADE BAILS MILES 18(81 18)	
2. Principal Pl	lace of Business - No P.O. Box #	3. Mailing Address						
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Suite, Apt. #, etc.		Suite, Apt. #, etc.		03282008	Chg-LLC	CR2E083 (12/0	6)	
City & State		City & State		4. FEI Numbe		<u> </u>	Applied For Not Applicable	
Zip	Country	ntry Zip Country				of Status Desired		Additional
	6. Name and Address of Current	Registered Agent			7. Name and	Address of New R	Fee Required Agent	nrea
			Name	Name				
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324			Stree	Street Address (P.O. Box Number is Not Acceptable)				
PLANIAII	ON, FL 33324							
			City				FL Zip (	Code
	named entity submits this statement for	r the purpose of changing its r	egistered office	e or register	ed agent, or bot	h, in the State of Flo	orida. 1 am familiar w	ith, and accept
_	ions of registered agent.							
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Agent sig	gnature required	when reinstating)		DATE	
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75								
		5					re check payable a Department of S	tate
			10.				a Department of S	•
9.	MANAGING MEMBE		TITLE	-		Florida	a Department of S	tate
After May	7 1, 2008 Fee will be \$538.75  MANAGING MEMBE	ERS/MANAGERS	+	SS		Florida	A Department of S	tate
9. TITLE NAME	MANAGING MEMBE MANAGING MEMBE MGR HOWATT, THOMAS J 100 PAPER PLACE MOSINEE, WI 54455	RS/MANAGERS Detete	TITLE NAME	SS		Florida	a Department of S /CHANGES	tate
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11. 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 is true and accurate and that my 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: SCOTT P. DOESCHER 04-01-08 715-693-4470
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayture Phone #