

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M99000001092

FILED
Apr 08, 2003
Secretary of State

Entity Name: SP FORESTS L.L.C.

Current Principal Place of Business:

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

New Principal Place of Business:

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

Current Mailing Address:

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

New Mailing Address:

FEI Number: 58-2470647 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT 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: MGRM () Delete
Name: THE BRANIGAR ORGANIZ, ATION
Address: 6400 POPLAR AVE.
City-St-Zip: MEMPHIS, TN 38197

Title: MGRM () Delete
Name: SUSTAINABLE FORESTS, LLC
Address: 6400 POPLAR AVE.
City-St-Zip: MEMPHIS, TN 38197

Title: VP () Delete
Name: RICHERSON, W ROBERT
Address: 3000 KNIGHT OFFICE PL STE 100
City-St-Zip: SHREVEPORT, LA 71105

Title: VPT () Delete
Name: KLIMAN, THOMAS A
Address: 6400 POPLAR AVENUE
City-St-Zip: MEMPHIS, TN 38197

Title: TS () Delete
Name: FINNEGAN, JOHN
Address: 6400 POPLAR AVENUE
City-St-Zip: MEMPHIS, TN 38197

Title: S (X) Delete
Name: BEHLES, SCOTT M
Address: 9 GREEN ST
City-St-Zip: AUGUSTA, ME 04330

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: O'BRIEN, GEORGE A
Address: 1201 W LATHROP AVE
City-St-Zip: SAVANNAH, GA 31402

Title: MGR (X) Change () Addition
Name: LESSIN, ANDREW R
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

Title: MGR (X) Change () Addition
Name: MELICAN, JAMES J
Address: 400 ATLANTIC ST
City-St-Zip: STAMFORD, CT 06901

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

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: JAMES P MELICAN

MGR

04/08/2003

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