2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 APR -6 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M99000001575

1. Entity Name

GEORGIA-PACIFIC TISSUE, LLC

Principal Place of Business	Mailing Address
55 PARK PLACE ATLANTA GA 30303	~~55 PARK PLACE~~ ~~ATLANTA GA 30303-2529~~ 133 Peachtree St., NE Atlanta, GA 30303

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 58-2494137 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) 400003217624--6 -04/20/00--01110--021 City *****50.00 PL ******50.00

8. 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM GEORGIA-PACIFIC CORPORATION 133 PEACHTREE STREET, N.E. ATLANTA GA 30303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Michael C. Burandt 133 Peachtree St., NE Atlanta, GA 30303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary Kenneth F. Khoury 133 Peachtree St., NE Atlanta, GA 30303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Asst. Secretary Kimberly Dyslin Rountree 133 Peachtree St., NE Atlanta, GA 30303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	See Attachment	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify 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 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: Kimberly Dyslin Rountree REQUIRED 2-28-00 404-652-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

GEORGIA-PACIFIC TISSUE, LLC
MANAGERS

NAME	Title	Address
Michael C. Burandt	Manager	55 Park Place Atlanta, Georgia 30303
A. D. Correll	Manager	133 Peachtree Street, NE Atlanta, Georgia 30303
Danny W. Huff	Manager	133 Peachtree Street, NE Atlanta, Georgia 30303
Lee M. Thomas	Manager	133 Peachtree Street, NE Atlanta, Georgia 30303