# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 01, 2005 8:00 am**
**Secretary of State**
04-01-2005 90156 049 ****50.00

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DOCUMENT # M99000001575

1. Entity Name
SCA TISSUE NORTH AMERICA, LLC

| Principal Place of Business | Mailing Address |
|---|---|
| 1451 MCMAHON DR.<br>NEENAH, WI 54957 | 500 BALDWIN TOWER<br>EDDYSTONE, PA 19022 |

03042005 Chg-LLC CR2E083 (10/03)

| 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**

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

**Filing Fee is $50.00**
**Due by May 1, 2005**

**Make check payable to Florida Department of State**

| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CEOP<br>BINGHAM, LEE<br>1451 MCMAHON DRIVE<br>NEENAH, WI 54957 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CHAIRMAN<br>MICHAEL BERTRP<br>500 BALDWIN TOWER<br>EDDYSTONE, PA. 19022 | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | C<br>RACCUIA, JOSEPH F<br>1451 MCMAHON DRIVE<br>NEENAH, WI 54957 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT + CEO<br>RACCUIA, JOSEPH | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | CFO<br>FAHLEY, JOSEPH L<br>1451 MCMAHON DRIVE<br>NEENAH, WI 54957 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SRVP<br>LEWIS, DONALD E<br>1451 MCMAHON DRIVE<br>NEENAH, WI 54957 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VPBD<br>KVOCKA, JOHN S<br>1451 MCMAHON DRIVE<br>NEENAH, WI 54957 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SECRETARY<br>KEVIN S. GORMAN<br>500 BALDWIN TOWER<br>EDDYSTONE, PA 19022 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | AS<br>PICCHOWSKI, RICHARD<br>500 BALDWIN TOWER<br>EDDYSTONE, PA 19022 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MANAGER<br>JEFFREY SCOTT<br>500 BALDWIN TOWER<br>EDDYSTONE, PA. 19022 | ☐ 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:** KEVIN S. GORMAN 3/21/05 6104993700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #