


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90035 015 ****50.00

DOCUMENT # M99000001575					
1. Entity Name SCA TISSUE NORTH AMERICA, LLC					
Principal Place of Business 1451 MCMAHON DR. NEENAH, WI 54957			Mailing Address 500 BALDWIN TOWER EDDYSTONE, PA 19022		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2929 ARCH ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite 2600			
City & State		City & State PHILADELPHIA, PA			
Zip	Country	Zip 19104	Country USA	4. FEI Number 58-2494137	
5. Certificate of Status Desired <input type="checkbox"/>				\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C WILKAN, THOMAS 2529 ARCH STREET PHILADELPHIA, PA 19104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	WILKAN, THOMAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOP RACCUIA, JOSEPH F 1451 MCMAHON DRIVE NEENAH, WI 54957 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO FAHLEY, JOSEPH L 1451 MCMAHON DRIVE NEENAH, WI 54957 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SRVP LEWIS, DONALD E 1451 MCMAHON DRIVE NEENAH, WI 54957 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GORMAN, KEVIN S 2929 ARCH STREET PHILADELPHIA, PA 19104 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SCOTT, JEFFREY 2929 ARCH STREET PHILADELPHIA, PA 19104 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR ZEPEDA, BRUNO 2929 ARCH ST, STE 2600 PHILADELPHIA, PA 19104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing 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 authorized to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: _____			BART VERNESSEN 4/18/07 6104993341		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		

60042436



04112007 Chg-LLC CR2E083 (12/06)

ATTACHMENT

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#M99 000001575
SCA TISSUE NORTH AMERICA LLC

**Florida Annual Report
Addendum to Managers/Members**

Officers

Ronald R. Thiry
Vice President
1451 McMahon Drive
Neenah, WI 54956

Michael J. Jansen
Vice President
1451 McMahon Drive
Neenah, WI 54956

Bart Venesoen
Asst Secretary
2929 Arch Street
Philadelphia, PA 19104