

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90040 033 ***138.75

DOCUMENT # M99000001575

1. Entity Name
SCA TISSUE NORTH AMERICA, LLC



Principal Place of Business
**1451 MCMAHON DR.
NEENAH, WI 54957**

Mailing Address
**2929 ARCH ST STE 2600
PHILADELPHIA, PA 19104**

DO NOT WRITE IN THIS SPACE



04222008 No Chg-LLC

CR2E083 (12/07)

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**

**DO NOT WRITE
IN THIS SPACE**

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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. **MANAGING MEMBERS/MANAGERS**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**C
WULKAN, THOMAS
2529 ARCH STREET
PHILADELPHIA, PA 19104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**GEOP
RACQUA, JOSEPH T
1451 MCMAHON DRIVE
NEENAH, WI 54957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**CFO
FAHLEY, JOSEPH L
1451 MCMAHON DRIVE
NEENAH, WI 54957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SRVP
LEWIS, DONALD E
1451 MCMAHON DRIVE
NEENAH, WI 54957**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**S
GORMAN, KEVIN S
2929 ARCH STREET
PHILADELPHIA, PA 19104**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ZEPEDA, BRUNO
2929 ARCH ST STE 2600
PHILADELPHIA, PA 19104**

**DO NOT WRITE
IN THIS SPACE**

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 empowered to execute this report as required by Chapter 606, Florida Statutes.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Andy
WESTERCOM 4/15/08 6104993341

ATTACHMENT

60037792

#M99000001575

SCA TISSUE NORTH AMERICA LLC

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

Andy Wesztergom
Asst Secretary
2929 Arch Street
Philadelphia, PA 19104