2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M99000001575

Entity Name: SCA TISSUE NORTH AMERICA, LLC

FILED Apr 20, 2009 Secretary of State

Current P	rincipal Place	e of Business:	New Pr	New Principal Place of Business:	
	1AHON DR. WI 54957				
Current Mailing Address:			New Mailing Address:		
	H ST STE 260 PHIA, PA 191				
FEI Number	: 58-2494137	FEI Number Applied For()	FEI Number Not A	Applicable () Certificate of Status Desired ()	
Name and	l Address of 0	Current Registered Agent:	Name a	and Address of New Registered Agent:	
1201 HAY: TALLAHA:	S STREET SSEE, FL 323				
	e named entity e of Florida.	submits this statement for the p	urpose of changin	ng its registered office or registered agent, or both,	
SIGNATUI	RE:				
	Electron	nic Signature of Registered Age	nt	Date	
MANAGING MEMBERS/MANAGERS:			ADDITION	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	C (WULKAN, THO 2529 ARCH ST PHILADELPHIA	REET	Title: Name: Address: City-St-Zi _l	MGR (X) Change () Addition LUNDIN, SUNE 2529 ARCH STREET ip: PHILADELPHIA, PA 19104	
Title: Name: Address: City-St-Zip:	CFO (FAHLEY, JOSE 1451 MCMAHO NEENAH, WI	N DRIVE	Title: Name: Address: City-St-Zi	()Change ()Addition ip:	
Title: Name: Address: City-St-Zip:	SRVP (LEWIS, DONAI 1451 MOMAHO NEENAH, WI	N DRIVE	Title: Name: Address: City-St-Zi	MGR (X) Change () Addition LEWIS, DONALD E 1451 MCMAHON DRIVE ip: NEENAH, WI 54957	
Title: Name: Address: City-St-Zip:	S (GORMAN, KEV 2929 ARCH ST PHILADELPHIA	REET	Title: Name: Address: City-St-Zi _l	() Change () Addition	
Title: Name: Address: City-St-Zip:	MGR (ZEPEDA, BRUI 2929 ARCH ST PHILADELPHIA	STE 2600	Title: Name: Address: City-St-Zi _l	MGR (X) Change () Addition FUENTES, PABLO 2929 ARCH ST STE 2600 ip: PHILADELPHIA, PA 19104	
Title: Name: Address: City-St-Zip:	() Delete	Title: Name: Address: City-St-Zi _l	VPR () Change (X) Addition BROCK, KYLE 1451 MCMAHON DRIVE ip: NEENAH, WI 54957	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PABLO FUENTES MGR 04/20/2009