2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# M99000001575

Entity Name: SCA TISSUE NORTH AMERICA, LLC

Current Principal Place of Business:

1451 MCMAHON DR.
NEENAH, WI 54957

New Principal Place of Business:

Current Mailing Address:

2929 ARCH ST STE 2600
PHILADELPHIA, PA 19104

New Mailing Address:

FEI Number: 58-2494137 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: C ( ) Delete
Name: WULKAN, THOMAS
Address: 2529 ARCH STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: CFO ( ) Delete
Name: FAHLEY, JOSEPH L
Address: 1451 MCMAHON DRIVE
City-St-Zip: NEENAH, WI 54957

Title: SRVP ( ) Delete
Name: LEWIS, DONALD E
Address: 1451 MCMAHON DRIVE
City-St-Zip: NEENAH, WI 54957

Title: S ( ) Delete
Name: GORMAN, KEVIN S
Address: 2929 ARCH STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: MGR ( ) Delete
Name: ZEPEDA, BRUNO
Address: 2929 ARCH ST STE 2600
City-St-Zip: PHILADELPHIA, PA 19104

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: LUNDIN, SUNE
Address: 2529 ARCH STREET
City-St-Zip: PHILADELPHIA, PA 19104

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: LEWIS, DONALD E
Address: 1451 MCMAHON DRIVE
City-St-Zip: NEENAH, WI 54957

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change ( ) Addition
Name: FUENTES, PABLO
Address: 2929 ARCH ST STE 2600
City-St-Zip: PHILADELPHIA, PA 19104

Title: VPR ( ) Change (X) Addition
Name: BROCK, KYLE
Address: 1451 MCMAHON DRIVE
City-St-Zip: 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

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date