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CORPORATE SERVICES, INC.

serving the legal profession

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December 27, 2002

Re: SCA TISSUE NORTH AMERICA LLC

Secretary of State Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Dear Sir or Madam:

Enclosed please find the limited liability company change of agent documents for the above together with our check to the Secretary of State for \$25.00.

Please file forwarding a STAMPED copy as appropriate evidence to the attention of the undersigned, via regular mail. NO CERTIFIED COPY IS REQUIRED.

If there are any corrections or additional fees required to complete this filing, please KEEP these documents in your possession and telephone the undersigned toll free at 1-800-899-8648 for specific instructions.

Thank you.

Sincerely,

Maria Ř. Fischetti Project Manager

MRF:nmm **Enclosure**

Our ID # SCATI09928

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: SCA TISSUE NORTH AMERICA LLC		
2. The mailing address of the limited liability company is:		
500 Baldwin Tower, Eddystone, Pennsylvania 19022		
October 4, 1999	M9900001575	
3. Date of filing/registration		
- •		
5. The name of the register Florida Department of S	ed agent and the registered office address as shown on the records of the tate:	
	CT Corporation System	
	Name 1200 South Pine Island Road	
	Address Plantation, Florida 33324	
	City, State and Zip	
6. The name and address of the new registered agent and/or office:		
	United Corporate Services, Inc.	
	9200 South Dadeland Blvd., Suite 508 Florida street address (P.O. Box NOT acceptable)	
	Florida street address (P.O. Box NOT acceptable)	
	Miami FL 33156	
	City, State and Zip	
If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company. Output Out		
Richard Piechowski, Au	uthorized Person-ASSZ. Secretary	
`	tment as registered agent and agree to act in this canacity. I further agree to	
/	ntment as registered agent and agree to act in this capacity. I further agree to of all statutes relative to the proper and complete performance of my duties, accept the obligations of my position as registered agent as provided for in his document is being filed to merely reflect a change in the registered office that the limited liability company has been notified in writing of this change.	
(Signature of Registered Agent) Michael A. Barr, Pres.		
Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314		

FILING FEE: \$25.00