

FILED  
May 27, 2003 8:00 am  
Secretary of State

05-27-2003 90179 007 \*\*\*550.00

**2003 FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P05995

1. Entity Name  
**FORT JAMES OPERATING COMPANY**



Principal Place of Business  
**133 PEACHTREE STREET  
ATLANTA, GA 30303 US**

Mailing Address  
**133 PEACHTREE STREET  
ATLANTA, GA 30303 US**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
**54-1237819**

Applied For  
☐ Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CT CORPORATION SYSTEM  
C/O CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

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

(NOTE: Registered Agent's signature required when resigning)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	THOMAS, LEE M	
STREET ADDRESS	133 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HUFF, DANNY W	
STREET ADDRESS	133 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE	VPS	<input checked="" type="checkbox"/> Delete
NAME	KELLEY, JAMES F	
STREET ADDRESS	133 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE	VPT	<input type="checkbox"/> Delete
NAME	JOHNSON, PHILLIP M	
STREET ADDRESS	133 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE	AS	<input checked="" type="checkbox"/> Delete
NAME	DYSLIN ROUNTREE, KIMBERLY	
STREET ADDRESS	133 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	CORRELL, A D	
STREET ADDRESS	133 PEACHTREE STREET	
CITY-ST-ZIP	ATLANTA, GA 30303	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burandt, Michael C.	
STREET ADDRESS	133 Peachtree Street	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE	VPS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Khoury, Kenneth F.	
STREET ADDRESS	133 Peachtree Street	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kelley, James F.	
STREET ADDRESS	133 Peachtree Street	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Apolinsky, Joanna B.	
STREET ADDRESS	133 Peachtree Street	
CITY-ST-ZIP	Atlanta, GA 30303	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joanna B. Apolinsky*

Joanna B. Apolinsky

5/2/03

404/652-4000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)