

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P13797 (6)
1. Corporation Name
NEKOOSA PACKAGING CORPORATION

Principal Place of Business

133 PEACHTREE ST NE
ATLANTA GA 30303

Mailing Address

133 PEACHTREE ST NE
ATLANTA GA 30303

FILED
Jul 29 1997 8:00am
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	

3. Date Incorporated or Qualified 03/27/1987	3a. Date of Last Report 01/31/1996
4. FEI Number 22-2784168	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DP
NAME	BABIN, W.E.	1.2 NAME	Clint M. Kennedy
STREET ADDRESS	133 PEACHTREE ST NE	1.3 STREET ADDRESS	133 Peachtree St., NE
CITY-ST-ZIP	ATLANTA GA	1.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	DC	2.1 TITLE	AS
NAME	CORRELL, A.D.	2.2 NAME	W. Edwin Frazier, III
STREET ADDRESS	133 PEACHTREE ST NE	2.3 STREET ADDRESS	133 Peachtree St., Atlanta, GA 30303
CITY-ST-ZIP	ATLANTA GA	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	VP
NAME	WILLIE L. DUKE	3.2 NAME	Robert J. Milikan
STREET ADDRESS	133 PEACHTREE ST NE	3.3 STREET ADDRESS	133 Peachtree St., NE
CITY-ST-ZIP	ATLANTA GA 30303	3.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	S	4.1 TITLE	
NAME	KHOURY, KENNETH F	4.2 NAME	
STREET ADDRESS	133 PEACHTREE ST NE	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	VP	5.1 TITLE	EVP
NAME	DONALD L. GLASS	5.2 NAME	Donald L. Glass
STREET ADDRESS	133 PEACHTREE ST NE	5.3 STREET ADDRESS	133 Peachtree St., NE
CITY-ST-ZIP	ATLANTA GA 30303	5.4 CITY-ST-ZIP	Atlanta, GA 30303
TITLE	VPCO	6.1 TITLE	
NAME	MCGOVERN, JOHN F	6.2 NAME	
STREET ADDRESS	133 PEACHTREE ST NE	6.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE

(SIGNATURE REQUIRED)

7/17/17 (404) 652-4000

CR2E034 (4/97)