

2021 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M1400007123

Entity Name: FOLEY CELLULOSE LLC

Current Principal Place of Business:

133 PEACHTREE STREET NE
ATLANTA, GA 30303

Current Mailing Address:

133 PEACHTREE STREET NE
ATLANTA, GA 30303 US

FEI Number: 59-3200093

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

FILED
Apr 20, 2021
Secretary of State
9703102421CC

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

Authorized Person(s) Detail :

Title MEMBER
Name GP PACKAGING AND CELLULOSE OPERATIONS HOLDINGS LLC
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

Title PRESIDENT
Name ABDALLAH, MUNIR
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

Title SENIOR VICE PRESIDENT
Name BROWN, MONTOYA E
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

Title VP
Name DARLAND, TYE
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

Title SECRETARY
Name BERRY, MARK
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

Title TREASURER
Name SHIRK, GERALD
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

Title ASSISTANT TREASURER
Name CRUZ, MICHAEL
Address 133 PEACHTREE STREET NE
City-State-Zip: ATLANTA GA 30303

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MARK BERRY

SECRETARY

04/20/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date