2015 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2015
Secretary of State
CC7148974045

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Entity Name: SCA TISSUE NORTH AMERICA, LLC

Current Principal Place of Business:

2929 ARCH STREET
PHILADELPHIA, PA 19104

Current Mailing Address:

2929 ARCH ST STE 2600
PHILADELPHIA, PA 19104

FEI Number: 58-2494137

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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	MGR, PRESIDENT
Name	LEWIS, DONALD
Address	2529 ARCH STREET
City-State-Zip:	PHILADELPHIA PA 19104

Title	MGR, VP
Name	MARTINEZ, DUMITRACHE
Address	2929 ARCH STREET
City-State-Zip:	PHILADELPHIA PA 19104

Title	VP
Name	ALBRECHT, FREDERICK
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	ASST. SECRETARY
Name	MARTINEZ, GILBERTO
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	MGR, VP, SECRETARY
Name	GORMAN, KEVIN
Address	2929 ARCH STREET
City-State-Zip:	PHILADELPHIA PA 19104

Title	MANAGER, VP
Name	RUSSO, JOSEPH
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	VP
Name	BELLCOURT, AMY
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	ASST. SECRETARY
Name	KUNDA, CATHERINE
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

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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: GILBERTO MARTINEZ ASST SECRETARY 04/09/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	MARTINEZ, GILBERTO
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104

Title	ASST. SECRETARY
Name	DUNN, CHERYL
Address	2929 ARCH ST STE 2600
City-State-Zip:	PHILADELPHIA PA 19104