


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2004 8:00 am
Secretary of State

04-05-2004 90033 030 ***150.00

DOCUMENT # P03103
 1. Entity Name
FULTON PAPER COMPANY



Principal Place of Business
 6255 BOAT ROCK BLVD
 P.O. BOX 43884
 ATLANTA, GA 30336 US

Mailing Address
 6255 BOAT ROCK BLVD
 P.O. BOX 43884
 ATLANTA, GA 30336 US

44024271



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02092004 Chg-P CR2E034 (10/03)

City & State

4. FEI Number
58-0250665

Applied For
 Not Applicable

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

DYE, DON D
ATTORNEY AT LAW
928 N MONROE ST
TALLAHASSEE, FL 32302

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 signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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	S	<input type="checkbox"/> Delete
NAME	HIRSCH, PATRICIA L	
STREET ADDRESS	6255 BOAT ROCK BLVD	
CITY-ST-ZIP	ATLANTA, GA 30336	
TITLE	V	<input type="checkbox"/> Delete
NAME	RHODES, CALVIN	
STREET ADDRESS	6255 BOAT ROCK BLVD	
CITY-ST-ZIP	ATLANTA, GA 30336	
TITLE	V	<input type="checkbox"/> Delete
NAME	BRACKETT, RUSSELL	
STREET ADDRESS	6255 BOAT ROCK BLVD	
CITY-ST-ZIP	ATLANTA, GA 30336	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	DANNA, ANTHONY L	
STREET ADDRESS	6255 BOAT ROCK BLVD	
CITY-ST-ZIP	ATLANTA, GA 30336	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DYCK, ROLAND	
STREET ADDRESS	6255 BOAT ROCK BLVD.	
CITY-ST-ZIP	ATLANTA, GA 30336	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CEO WILLIAM N. HIRSEL	
STREET ADDRESS	6255 BOAT ROCK BLVD	
CITY-ST-ZIP	ATLANTA, GA 30336	

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: *Cal Rhodes*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-9-2004 404-629-4906
 Date Daytime Phone #