

1.) CORPORATION NAME:

**Glatfelter Pulp Wood Company**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

**AUTH IN VI  
CORPORATION SERVICE COMPANY  
11 S 12TH ST  
PO BOX 1463**

**RICHMOND, VA 23218**

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

**RICHMOND CITY**

4.) STATE OR COUNTRY OF INCORPORATION:

**MD**

DUE DATE: **4/30/2011**

SCC ID NO: **F0015935**

5.) STOCK INFORMATION

| CLASS  | AUTHORIZED |
|--------|------------|
| COMMON | 50         |

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 228 S MAIN STREET

CITY/ST/ZIP: SPRING GROVE, PA 17362-

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | THOMAS G JACKSON                            |  |
| TITLE:          | PRESIDENT                                   |  |
| ADDRESS:        | 96 S GEORGE ST STE 500                      |  |
| CITY/ST/ZIP/CO: | YORK, PA 17401-                             |  |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | ROBERT L. INNERS                            |                                   |
| TITLE:          | VICE PRESIDENT                              |                                   |
| ADDRESS:        | 228 S. MAIN STREET                          |                                   |
| CITY/ST/ZIP/CO: | SPRING GROVE, PA 17362-                     |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | LINDA M LEVANS                              |                                   |
| TITLE:          | ASST SECRETARY                              |                                   |
| ADDRESS:        | 96 S GEORGE STREET<br>SUITE 420             |                                   |
| CITY/ST/ZIP/CO: | YORK, PA 17401-                             |                                   |

|                 |   |                                   |
|-----------------|---|-----------------------------------|
|                 | <input checked="" type="checkbox"/> OFFICER | <input type="checkbox"/> DIRECTOR |
| NAME:           | DONALD R GROSS                              |                                   |
| TITLE:          | ASST TREASURER                              |                                   |
| ADDRESS:        | 96 S GEORGE STREET<br>STE 400               |                                   |
| CITY/ST/ZIP/CO: | YORK, PA 17401-                             |                                   |

|                 |   |  |
|-----------------|---|--|
|                 | <input checked="" type="checkbox"/> OFFICER | <input checked="" type="checkbox"/> DIRECTOR |
| NAME:           | GEORGE B AMOSS, JR                          |  |
| TITLE:          | PRESIDENT                                   |  |
| ADDRESS:        | 96 S GEORGE STREET<br>STE 400               |  |
| CITY/ST/ZIP/CO: | YORK, PA 17401-                             |  |

|  |  |                         |
|--|--|-------------------------|
| NAME: DEBABRATA MUKHERJEE<br>TITLE: DIRECTOR<br>ADDRESS: 96 S GEORGE STREET<br>STE 500<br>CITY/ST/ZIP/CO: YORK, PA 17401-  | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |                         |
| NAME: THOMAS V BOSLEY<br>TITLE: CHAIRMAN<br>ADDRESS: 228 S MAIN STREET<br>CITY/ST/ZIP/CO: SPRING GROVE, PA 17362-  | <input checked="" type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR |                         |
| NAME: TIMOTHY R HESS<br>TITLE: DIRECTOR<br>ADDRESS: 228 S MAIN STREET<br>CITY/ST/ZIP/CO: SPRING GROVE, PA 17362-   | <input type="checkbox"/> OFFICER <input checked="" type="checkbox"/> DIRECTOR            |                         |
| I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.  |  |                         |
| <u>/s/ LINDA M LEVANS</u><br>SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT   | <u>LINDA M LEVANS, ASST SECRETARY</u><br>PRINTED NAME AND CORPORATE TITLE                | <u>3/4/2011</u><br>DATE |
| It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing. |  |                         |