U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1) SECTION A – TYPE OF REPORT													OMB Control Number: 3046-0049 Expiration Date: 11/30/2026			
			С	ONSOL	IDATE	D REP	ORT									
		SECT	TON B	– EMP	LOYE	R IDEN										
OFS COMPANY ID								OYER N								
LV96184						Sylv	amo No	orth Am	erica L	LC.						
ADDRESS		CITY/TOWN STATE ZIP CODE THE MEMPHIS TN 38197													DE	
6400 Poplar	Ave						M	EMPHI	S			TN		3819	7	
SECTION C - HI	EADQU	JARTERS OR ESTABLISHMENT-LEVEL IDENTIFICATION (if applicable)														
HQ/ESTABLISHMENT-LEVEL UNIT ID					HEADQ	UARTE	RS OR ES	TABLIS	HMENT	T-LEVEL	NAME					
HEADQUARTERS OR ESTABLISHME	ENT-LEV	LEVEL ADDRESS CITY/TOWN STATE ZIP CODE													DE	
		ZYLL ADDRESS CITI/TOWN STATE ZIP CODE														
	SECTI	ON D -	EMPI	LOYER	IDENT	TIFICA'	ΓΙΟΝ N	UMBE	R (EIN)						
				4	172346	896										
X YES (Employer Is Eligible						FILING				NO LON	JCED I	N DIG	INIECC			
											VGEK I	пов	INESS			
SEC	TION.	F – FEJ Uni	DEKAI ique En	L CONT	IKACT	OR DES	SIGNA:	IION (1	f applic	able)						
☐ YES (Single-Establishm	F		_						E	1	T- 41	I Ct	-4			
X YES (H	Ieadqua	rters is I	Federal	Contrac	tor)	YES (N	on-Head	lquarters	s Establ	ishment	is Feder	al Contr	ractor)			
		XY	ES (Or	ne or Mo	ore Non	-Headqu	arters E	stablish	ments i	s Federa	l Contra	actor)				
		S	ECTIC			INFOR		N								
	CE	CTION	JH V	32212 VODKE	OPCE	per Mills DEMO	CDADE	HC DA'	ТА							
	SE	CHOP	<u> </u>	VOKKE	OKCE		Race/E									
	Hisp	anic						Hispan		atino						
		atino			М	ale					Fen	nale				
				_		Native Hawaiian or Other Pacific Islander	ō	es		_		Native Hawaiian or Other Pacific Islander	ō	es		
				Black or African American		Native Hawaiian or Ather Pacific Islande	American Indian or Alaska Native	Two or More Races		Black or African American		Native Hawaiian or Other Pacific Islande	American Indian or Alaska Native	Two or More Races	Row	
JOB CATEGORIES		<u>e</u>	ø	ck or Afric American	u	aiis : Isl	ndi; Iati	e R	Ð	o. Je	u	aii:	nerican Indian Alaska Native	e E	Total	
	Male	Female	White	or A	Asian	aw ific	a N	lor	White	Black or an Amer	Asian	aw	n N	<u>5</u>		
	2	Fe	>	ko	¥	ac H	ica ska	- ≥	>	3la an	¥	E S	ica sk	2		
				lac A		i ve	leri Na	00		i.		Ϋ́	leri Na	0		
				B		lat	₩ *	.×		Αŧ		lat	m\	.ĕ		
						~ ŏ	1	-				~ ō	1	_		
Executive/Senior Level Officials and Managers	2	1	27	4	2	0	0	0	12	1	0	0	0	0	49	
First/Mid-Level Officials and Managers	5	1	158	23	0	0	1	1	55	6	2	0	1	0	253	
Professionals	4	1	110	16	1	0	0	1	74	15	3	0	0	0	225	
Technicians	0	0	4	0	0	0	0	0	0	2	0	0	0	0	6	
Sales Workers	1	0	8	1	0	0	0	0	10	0	0	0	0	0	20	
Administrative Support Workers Craft Workers	1	0	20 223	5 26	0	0	0	0	41 0	11 4	0	0	0	0	79 254	
Operatives	3	0	465	209	0	1	0	2	66	42	0	0	0	0	788	
Laborers and Helpers	4	0	45	0	0	0	0	1	7	0	1	0	0	0	58	
Service Workers	0	0	13	0	0	0	0	0	7	0	0	0	0	0	20	
CURRENT 2024 REPORTING YEAR TOTAL	21	3	1073	284	4	1	1	5	272	81	6	0	1	0	1752	

SECTION I - WORKFORCE SNAPSHOT PERIOD

12/15/2024 - 12/31/2024

120

1859

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

Not Applicable

PRIOR 2023 REPORTING YEAR TOTAL

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023 OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

SECTION K – OFFICIAL CERTIFICATION OF SUBMISSION

OFS COMPANY ID LV96184 ADDRESS ADDRESS CITY/TOWN STATE CITY/TOWN MEMPHIS TN 38197

CERTIFICATION COMMENTS (optional)

No Certification Comments Provided

CERTIFICATION STATEMENT

"I certify that the information, including any workforce demographic data, provided in this report is correct and true to the best of my knowledge and was prepared in conformity with the directions set forth in the form and accompanying instructions."

Knowingly and willfully false statements on this report are punishable by law, US Code, Title 18, Section 1001.

DATE OF CERTIFICATION

6/18/2025 2:27 PM [EST]

EMPLOYER'S CER	TIFYING OFFICIAL
Name of Employer's Certifying Official	Title of Certifying Official
Kimberly Paige-Smith	Human Resources Generalist
Email Address of Certifying Official	Telephone Number of Certifying Official
Kimberly.paigesmith@sylvamo.com	404-450-3568
PRIMARY POINT OF CONTACT (POC)	FOR EEO-1 COMPONENT 1 REPORTING
Name of Primary POC	Title and Employer of Primary POC
Kimberly Paige-Smith	Human Resources Generalist
, ,	Sylvamo North America LLC
Email Address of Primary POC	Telephone Number of Primary POC
Kimberly.paigesmith@sylvamo.com	404-450-3568

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC)

EEOC Standard Form 100 (SF 100) Revised 08/2023

2024 EMPLOYER	INFORMATION REPORT (EF	CO-1 COMPONENT 1)		rol Number: 3046-0049 on Date: 11/30/2026							
	SECTION A - T	YPE OF REPORT									
	HEADQUAF	RTERS REPORT									
	SECTION B - EMPLO	OYER IDENTIFICATION									
OFS COMPANY ID		EMPLOYER NAME									
LV96184 Sylvamo North America LLC											
ADDRES	ADDRESS CITY/TOWN STATE ZIP CODE										
6400 Po	plar Ave	MEMPHIS	TN	38197							
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)								
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ								
LV96184		SYLVAMO HEADQUARTERS									
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE							
6077 Prima	cy Parkway	MEMPHIS	TN	38119							
		ENTIFICATION NUMBER (EIN) 346896									
	SECTION E – EMPLOY	ER FILING ELIGIBILITY									
X YES (Employer Is Elig	tible to File) NO (Employer Is Not	Eligible to File) EMPLOYER NO LONGE	R IN BUSIN	ESS							
SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable) <u>Unique Entity ID (UEI)</u> : SLEFTLYPH395											
☐ YES (Single-Establi	shment Employer is Federal Contractor	YES (Multi-Establishment Employer is Federal	eral Contracto	or)							

X YES (One or More Non-Headquarters Establishments is Federal Contractor) SECTION G – NAICS INFORMATION

322120 - Paper Mills

X YES (Headquarters is Federal Contractor) YES (Non-Headquarters Establishment is Federal Contractor)

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	2	1	26	4	1	0	0	0	12	1	0	0	0	0	47
First/Mid-Level Officials and Managers	5	1	50	4	0	0	1	1	39	5	1	0	1	0	108
Professionals	4	1	64	11	0	0	0	0	56	15	3	0	0	0	154
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	1	0	8	1	0	0	0	0	10	0	0	0	0	0	20
Administrative Support Workers	0	0	3	2	1	0	0	0	5	3	0	0	0	0	14
Craft Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	12	3	151	22	2	0	1	1	122	24	4	0	1	0	343
PRIOR 2023 REPORTING YEAR TOTAL	14	5	166	29	8	0	1	1	140	34	5	0	1	0	404

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152024 - 12312024

 ${\bf SECTION\,J-HEADQUARTERS\,OR\,ESTABLISHMENT\text{-}LEVEL\,\,COMMENTS\,(optional)}$

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		YPE OF REPORT NT-LEVEL REPORT											
SECTION B – EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME													
LV96184 Sylvamo North America LLC													
ADDRES	SS	CITY/TOWN	STATE	ZIP CODE									
6400 Po	6400 Poplar Ave MEMPHIS TN 38197												
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if appl	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	Œ										
KF58780		SUMTER SHEET CONVERTING											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
1145 UNION	1145 UNION CAMP BLVD SUMTER SC 29154												
	SECTION D - EMPLOYER ID	ENTIFICATION NUMBER (FIN)											

472346896

SECTION E - EMPLOYER FILING ELIGIBILITY

X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS

SECTION F - FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): SLEFTLYPH395

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

322120 - Paper Mills

SECTION H - WORKFORCE DEMOGRAPHIC DATA

Race/Ethnicity															
		anic					Not	Hispan	ic or L	atino					
	or La	atino			M	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	1	3	0	0	0	0	0	0	0	0	0	0	4
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	0	0	0	0	0	0	0	1	0	0	0	0	1
Craft Workers	0	0	2	5	0	0	0	0	0	4	0	0	0	0	11
Operatives	0	0	6	75	0	0	0	1	2	23	0	0	0	0	107
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	0	0	9	83	0	0	0	1	2	28	0	0	0	0	123
PRIOR 2023 REPORTING YEAR TOTAL	0	1	17	73	0	0	0	1	8	30	0	0	0	0	130

SECTION I - WORKFORCE SNAPSHOT PERIOD

12152024 - 12312024

SECTION J - HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

	SECTION A – TYPE OF REPORT ESTABLISHMENT-LEVEL REPORT												
SECTION B - EMPLOYER IDENTIFICATION													
OFS COMPANY ID EMPLOYER NAME Output and North American II Company No													
LV96184 Sylvamo North America LLC													
ADDRESS CITY/TOWN STATE ZIP CODE													
6400 Poplar Ave MEMPHIS TN 38197													
SECTION C -	- HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if app	licable)										
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL NAM	ИE										
KF58791		EASTOVER MILL											
HEADQUARTERS OR ESTABLIS	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE									
4001 MCCORI	OS FERRY RD	EASTOVER	SC	29044									
		ENTIFICATION NUMBER (EIN) 2346896											
	SECTION E - EMPLOY	ER FILING ELIGIBILITY											
X YES (Employer Is Elig	X YES (Employer Is Eligible to File) NO (Employer Is Not Eligible to File) EMPLOYER NO LONGER IN BUSINESS												
	SECTION F - FEDERAL CONTR	ACTOR DESIGNATION (if applicable)											

Unique Entity ID (UEI): SLEFTLYPH395

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

322120 - Paper Mills

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale		•			Fen	nale			
İ															
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	1	0	1	0	0	0	0	0	0	0	0	0	2
First/Mid-Level Officials and Managers	0	0	44	15	0	0	0	0	5	1	0	0	0	0	65
Professionals	0	0	26	5	1	0	0	0	7	0	0	0	0	0	39
Technicians	0	0	3	0	0	0	0	0	0	2	0	0	0	0	5
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	0	0	9	2	0	0	0	0	15	7	0	0	0	0	33
Craft Workers	0	0	119	20	0	0	0	0	0	0	0	0	0	0	139
Operatives	1	0	214	132	0	0	0	1	23	19	0	0	0	0	390
Laborers and Helpers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
CURRENT 2024 REPORTING YEAR TOTAL	1	0	416	174	2	0	0	1	50	29	0	0	0	0	673
PRIOR 2023 REPORTING YEAR TOTAL	3	1	357	245	3	0	0	1	21	56	1	0	1	0	689

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)

U.S. EQUAL EMPLOYMENT OPPORTUNITY COMMISSION (EEOC) 2024 EMPLOYER INFORMATION REPORT (EEO-1 COMPONENT 1)

EEOC Standard Form 100 (SF 100) Revised 08/2023

OMB Control Number: 3046-0049 Expiration Date: 11/30/2026

		TYPE OF REPORT NT-LEVEL REPORT										
SECTION B – EMPLOYER IDENTIFICATION												
OFS COMPANY ID	SECTION ENTRY	EMPLOYER NAME										
LV96184 Sylvamo North America LLC												
ADDRESS CITY/TOWN STATE ZIP CODE												
6400 Po	6400 Poplar Ave MEMPHIS TN 38197											
SECTION C -	HEADQUARTERS OR ESTABLI	SHMENT-LEVEL IDENTIFICATION (if	applicable)									
HQ/ESTABLISHMENT-LEVEL UNIT ID	HE	ADQUARTERS OR ESTABLISHMENT-LEVEL N	JAME									
KF58800		TICONDEROGA MILL										
HEADQUARTERS OR ESTABLISI	HMENT-LEVEL ADDRESS	CITY/TOWN	STATE	ZIP CODE								
568 SHORE AI	RPORT ROAD	TICONDEROGA	NY	12883								
SECTION D – EMPLOYER IDENTIFICATION NUMBER (EIN) 472346896												
SECTION E – EMPLOYER FILING ELIGIBILITY												
X VES (Employer Is Elic	ible to File) NO (Employer Is Not	Eligible to File) TEMPLOYER NO LON	GER IN BUSINE	ess								

SECTION F – FEDERAL CONTRACTOR DESIGNATION (if applicable)

Unique Entity ID (UEI): SLEFTLYPH395

☐ YES (Single-Establishment Employer is Federal Contractor) ☒ YES (Multi-Establishment Employer is Federal Contractor)

X YES (Headquarters is Federal Contractor) X YES (Non-Headquarters Establishment is Federal Contractor)

X YES (One or More Non-Headquarters Establishments is Federal Contractor)

SECTION G - NAICS INFORMATION

322120 - Paper Mills

SECTION H - WORKFORCE DEMOGRAPHIC DATA

SECTION H - WORKFORCE DEMOGRAPHIC DATA															
							Race/E	thnicity	/						
İ	Hisp	anic					Not	Hispan	ic or L	atino					
		atino			М	ale					Fen	nale			
JOB CATEGORIES	Male	Female	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	White	Black or African American	Asian	Native Hawaiian or Other Pacific Islander	American Indian or Alaska Native	Two or More Races	Row Total
Executive/Senior Level Officials and Managers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
First/Mid-Level Officials and Managers	0	0	63	1	0	0	0	0	11	0	1	0	0	0	76
Professionals	0	0	20	0	0	0	0	1	11	0	0	0	0	0	32
Technicians	0	0	1	0	0	0	0	0	0	0	0	0	0	0	1
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Administrative Support Workers	1	0	8	1	0	0	0	0	21	0	0	0	0	0	31
Craft Workers	1	0	102	1	0	0	0	0	0	0	0	0	0	0	104
Operatives	2	0	245	2	0	1	0	0	41	0	0	0	0	0	291
Laborers and Helpers	4	0	45	0	0	0	0	1	7	0	1	0	0	0	58
Service Workers	0	0	13	0	0	0	0	0	7	0	0	0	0	0	20
CURRENT 2024 REPORTING YEAR TOTAL	8	0	497	5	0	1	0	2	98	0	2	0	0	0	613
PRIOR 2023 REPORTING YEAR TOTAL	9	1	508	11	1	1	0	0	103	0	2	0	0	0	636

SECTION I – WORKFORCE SNAPSHOT PERIOD

12152024 - 12312024

SECTION J – HEADQUARTERS OR ESTABLISHMENT-LEVEL COMMENTS (optional)