FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

000198

PROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State
05-06-1999 90293 008 ***900.00

DOCUMENT # F94000000123

1. Corporation Name
RAYONIER INC.

Principal Place of Business	Mailing Address
1177 SUMMER STREET STAMFORD CT 06905-5529 US	1177 SUMMER STREET STAMFORD CT 06905-5529 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualifed: 01/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

4. FEI Number: 13-2607329 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ARASKOG, RAND V		1.2 NAME		
STREET ADDRESS	1330 AVENUE OF THE AMERICAS		1.3 STREET ADDRESS		
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP		
TITLE	CEO	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GROSS, RONALD M		2.2 NAME		
STREET ADDRESS	1177 SUMMER STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ORTEGA, KATHERINE D		3.2 NAME		
STREET ADDRESS	1140 23RD STREET, N.W. #506		3.3 STREET ADDRESS		
CITY-ST-ZIP	WASHINGTON DC		3.4 CITY-ST-ZIP		
TITLE	PCDO	☐ DELETE	4.1 TITLE	PCD	☒ Change ☐ Addition
NAME	NUTTER, W L		4.2 NAME		
STREET ADDRESS	1177 SUMMER STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		4.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	5.1 TITLE	V	☒ Change ☐ Addition
NAME	BERRY, WILLIAM S		5.2 NAME		
STREET ADDRESS	1177 SUMMER STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		5.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	O'GRADY, JOHN P		6.2 NAME		
STREET ADDRESS	1177 SUMMER STREET		6.3 STREET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		6.4 CITY-ST-ZIP		

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] CORPORATED 4-22-99 203-348-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (11/98)