## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000000123

Entity Name: RAYONIER INC.

FILED Mar 24, 2005 Secretary of State

Current Pri	incipal Place of	Business:	New Princ	New Principal Place of Business:			
50 N. LAUR 19TH FLOC JACKSONV		US					
Current Mailing Address:			New Mailir	New Mailing Address:			
50 N. LAUR 19TH FLOO JACKSON		US					
FEI Number:	13-2607329 I	FEI Number Applied For()  F	El Number Not Appli	cable ( ) C	Certificate of Status Desired	( )	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
1200 SOUT	DRATION SYSTE TH PINE ISLAND DN, FL 33324						
The above in the State		mits this statement for the purp	ose of changing it	s registered offic	ce or registered agent, o	r both,	
SIGNATUR	E:						
	Electronic	Signature of Registered Agent			Date		
Election Cam	paign Financing Tr	rust Fund Contribution ( ).					
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	PCEO ( ) De NUTTER, W. LEE 50 N. LAURA STRE JACKSONVILLE, F	EET	Title: Name: Address: City-St-Zip:	( ) CI	hange ( ) Addition		
Title: Name: Address: City-St-Zip:	SVP () De BRANNON, TIMOTI 50 N. LAURA STRE JACKSONVILLE, F	HY H EET	Title: Name: Address: City-St-Zip:	( ) CI	hange ( ) Addition		
Title: Name: Address: City-St-Zip:	SV () De BOYNTON, PAUL ( 50 N. LAURA STRE JACKSONVILLE, F	3 EET, STE 1900	Title: Name: Address: City-St-Zip:	SVP (X) C BOYNTON, PAUL 50 N. LAURA STR JACKSONVILLE, F	EET, STE 1900		
Title: Name: Address: City-St-Zip:	SV () De O'GRADY, JOHN P 50 N. LAURA STRE JACKSONVILLE, F	: EET	Title: Name: Address: City-St-Zip:	SVP (X) C O'GRADY, JOHN F 50 N. LAURA STR JACKSONVILLE, F	EET		
Title: Name: Address: City-St-Zip:	VCFO () De POLLACK, GERAL 50 N. LAURA STRE JACKSONVILLE, F	D J EET	Title: Name: Address: City-St-Zip:	( ) CI	hange ( ) Addition		
Title: Name: Address: City-St-Zip:	SECR () De FRAZIER, III, W. E 50 N. LAURA STRE JACKSONVILLE, F	EET	Title: Name: Address: City-St-Zip:	( ) CI	hange ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. EDWIN FRAZIER, III SECR 03/24/2005