

2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000005107

FILED
Feb 16, 2010
Secretary of State

Entity Name: PT TIMBER, INC.

Current Principal Place of Business:

99 HIGH STREET
26TH FLOOR
BOSTON, MA 02110

New Principal Place of Business:

Current Mailing Address:

99 HIGH STREET
26TH FLOOR
BOSTON, MA 02110

New Mailing Address:

FEI Number: 04-3070429 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CPD
Name: CHRISTENSEN, DANIEL P
Address: 99 HIGH ST., 26TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: VTSD
Name: MORGAN, MICHAEL J
Address: 99 HIGH ST., 26TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: VPAT
Name: STURMAN, SUZANNE
Address: 99 HIGH ST. 26TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: VPAT
Name: GREENWOOD, COLEEN
Address: 99 HIGH ST. 26TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: VPAS
Name: O'KEEFE, THOMAS
Address: 99 HIGH ST. 26TH FLOOR
City-St-Zip: BOSTON, MA 02110

Title: VP
Name: ESTEY, SCOTT
Address: 99 HIGH ST. 26TH FLOOR
City-St-Zip: BOSTON, MA 02110

I hereby 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 all other like empowered.

SIGNATURE: SUZANNE STURMAN

VPAT

02/16/2010

Electronic Signature of Signing Officer or Director

_____ Date