

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 26, 2000 8:00 am**  
**Secretary of State**

04-26-2000 90077 017 \*\*\*150.00

**DOCUMENT # P20365**

1. Entity Name  
**WOODCHIPS EXPORT CORP.**

Principal Place of Business <b>6001 CHATHAM CTR., SUITE 350          P.O. BOX 2253          SAVANNAH GA 31402</b>	Mailing Address <b>6001 CHATHAM CTR., SUITE 350          P.O. BOX 2253          SAVANNAH GA 31402-2253</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address <b>P.O. Box 2253</b> Suite, Apt. #, etc.
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City & State <b>Savannah, GA</b>	4. FEI Number <b>58-1425094</b>	Applied For <input type="checkbox"/> Not Applicable
Zip <b>31402</b>	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent  
**BURCH, KEN  
 5051 PROPELLER DRIVE  
 JACKSONVILLE FL 32206**

7. Name and Address of New Registered Agent  
 Name **Robert C. Schuler**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5051 Propeller Drive**  
 City **Jacksonville** FL Zip Code **32226**

8. 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 *Robert C. Schuler* **Robert C. Schuler Gen Mgr, FE** **4/19/00**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>C</b> <b>FRANK K. PEEPLES</b> <b>5 SYLVAN ISLAND ROAD</b> <b>SAVANNAH GA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VT</b> <b>BENTON, JOHN R.</b> <b>6001 CHATHAM CTR STE 350</b> <b>SAVANNAH GA</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>PEEPLES, ELIZABETH C.</b> <b>5 SYLVAN ISLAND ROAD</b> <b>SAVANNAH GA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>STROUSE, DEBRA M.</b> <b>6001 CHATHAM CTR STE 350</b> <b>SAVANNAH GA</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>E. GAY MAYFIELD,</b> <b>6001 CHATHAM CTR DR. #350</b> <b>SAVANNAH GA 31405</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>6001 Chatham Ctr. Dr. Ste. 350</b> <b>Savannah, GA 31405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>S Ann P. Cox</b> <b>6001 Chatham Ctr. Dr. Ste. 350</b> <b>Savannah, GA 31405</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Ann P. Cox* **Ann P. Cox** **Secretary** **4/11/00** **(912) 239-1331**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)