

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 811860

Entity Name: WEYERHAEUSER COMPANY

FILED
Apr 23, 2009
Secretary of State

Current Principal Place of Business:

33663 WEYERHAEUSER WAY S
FEDERAL WAY, WA 98003

New Principal Place of Business:

Current Mailing Address:

TAX DEPARTMENT CH 1C28
PO BOX 9777
FEDERAL WAY, WA 980639777 US

New Mailing Address:

FEI Number: 91-0470860 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331 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: V () Delete
Name: SMITH, THOMAS M
Address: 33663 WEYERHAEUSER WAY S
City-St-Zip: FEDERAL WAY, WA 98003

Title: S () Delete
Name: GRACE, CLAIRE S
Address: 33663 WEYERHAEUSER WAY S
City-St-Zip: FEDERAL WAY, WA 98003

Title: C () Delete
Name: ROGEL, STEVEN R
Address: 33663 WEYERHAEUSER WAY S
City-St-Zip: FEDERAL WAY, WA 98003

Title: D () Delete
Name: ROGEL, STEVEN R
Address: 33663 WEYERHAEUSER WAY SO
City-St-Zip: FEDERAL WAY, WA 98003

Title: D () Delete
Name: JOHN, KIECKHEFER I
Address: 116 EAST GURLEY ST
City-St-Zip: PRESCOTT, AZ 86301

Title: T () Delete
Name: JEFFREY, NITTA W
Address: 33663 WEYERHAEUSER WAY S
City-St-Zip: FEDERAL WAY, WA 98003

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: C (X) Change () Addition
Name: WILLIAMSON, CHARLES R
Address: 33663 WEYERHAEUSER WAY S
City-St-Zip: FEDERAL WAY, WA 98003

Title: D (X) Change () Addition
Name: FULTON, DANIEL S
Address: 33663 WEYERHAEUSER WAY SO
City-St-Zip: FEDERAL WAY, WA 98003

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: THOMAS M. SMITH

V

04/23/2009

Electronic Signature of Signing Officer or Director

_____ Date