2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006
Secretary of State

DOCUMENT# 823688

Entity Name: SOUTHERN WOOD PIEDMONT COMPANY

Current Principal Place of Business:

C/O RAYONIER INC. LAW DEPT
50 N LAURA ST 19TH FL
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

C/O RAYONIER INC. LAW DEPT
50 N LAURA ST 19TH FL
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 58-1078994 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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:	P	( ) Delete
Name:	BRANNON, TIMOTHY H	
Address:	50 NORTH LAURA STREET, SUITE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	T	( ) Delete
Name:	AUGUSTE, MACDONALD	
Address:	50 N LAURA ST 19TH FL	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	S	( ) Delete
Name:	FRAZIER, III, W. EDWIN	
Address:	50 N LAURA ST 19TH FL	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	VD	( ) Delete
Name:	DOLLOFF, DANA B	
Address:	50 N LAURA ST 19TH FL	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	D	( ) Delete
Name:	NUTTER, W. L.	
Address:	50 N LAURA ST 19TH FL	
City-St-Zip:	JACKSONVILLE, FL 32202	
Title:	DIR	( ) Delete
Name:	BOYNTON, PAUL G	
Address:	50 N LAURA STREET SUITE 1900	
City-St-Zip:	JACKSONVILLE, FL 32202	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: W. E. FRAZIER, III SECR 04/20/2006

Electronic Signature of Signing Officer or Director — Date