FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 13 AM 11:14

DOCUMENT # 827448 (2)

1. Corporation Name
MACMILLAN BLOEDEL OF AMERICA INC.

Principal Place of Business	Mailing Address
5895 WINDWARD PKWY SUITE 200 ALPHARETTA GA 30202-4182	5895 WINDWARD PKWY SUITE 200 ALPHARETTA GA 30202-4182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1972
3a. Date of Last Report: 01/20/1994
4. FEI Number: 63-0507130 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DS	1.1 TITLE	S	☒ Change ☐ Addition
NAME	~~EARLS, L W~~	1.2 NAME	G. B. Young	
STREET ADDRESS	~~589 WINDWARD PKWY. STE 200~~	1.3 STREET ADDRESS	5895 Windward Pkwy. Ste 200	
CITY-ST-ZIP	ALPHARETTA GA	1.4 CITY-ST-ZIP		
TITLE	C	2.1 TITLE	DC	☒ Change ☐ Addition
NAME	FINDLAY, R.B.	2.2 NAME		
STREET ADDRESS	925 WEST GEORIGA ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	VANCOUVER BC	2.4 CITY-ST-ZIP		
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	MYNETT, G.E.	3.2 NAME		
STREET ADDRESS	925 WEST GEORIGA ST.	3.3 STREET ADDRESS		
CITY-ST-ZIP	VANCOUVER BC	3.4 CITY-ST-ZIP		
TITLE	~~DP~~	4.1 TITLE	T	☒ Change ☐ Addition
NAME	~~ERNST, F J~~	4.2 NAME	A. D. Laberge	
STREET ADDRESS	~~272 COMMERCE ST~~	4.3 STREET ADDRESS	925 West Georgia St.	
CITY-ST-ZIP	~~MONTGOMERY AL~~	4.4 CITY-ST-ZIP	Vancouver, BC	
TITLE	DVP	5.1 TITLE	VD	☒ Change ☐ Addition
NAME	BROWN, S.C.	5.2 NAME		
STREET ADDRESS	5895 WINDWARD PKWY, S200	5.3 STREET ADDRESS		
CITY-ST-ZIP	ALPHARETTA GA	5.4 CITY-ST-ZIP		
TITLE	~~VS~~	6.1 TITLE	D	☒ Change ☐ Addition
NAME	~~GRAIG, RUFUS H~~	6.2 NAME	L.W. Earls	
STREET ADDRESS	~~8168 MOSSY OAK DRIVE~~	6.3 STREET ADDRESS	5895 Windward Parkway, Suite 200	
CITY-ST-ZIP	~~MONTGOMERY AL 36117~~	6.4 CITY-ST-ZIP	Alpharetta GA. 30202	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Gail B Young Gail B. Young 3-8-95 404/710-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0073706