

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 11 1997 8:00am
Secretary of State

DOCUMENT # 827448 (2)

1. Corporation Name
MACMILLAN BLOEDEL OF AMERICA INC.

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

Mailing Address
5895 WINDWARD PKWY
SUITE 200
ALPHARETTA GA 30202-8805



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/08/1972

3a. Date of Last Report

03/18/1996

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	FINDLAY, R B	
STREET ADDRESS	925 WEST GEORGIA ST	
CITY - ST - ZIP	VANCOUVER, BC V6C3L2	
TITLE	V	<input type="checkbox"/> DELETE
NAME	FORD, R G	
STREET ADDRESS	925 WEST GEORGIA ST	
CITY - ST - ZIP	VANCOUVER, BC V6C3L2	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, R E	
STREET ADDRESS	5895 WINDWARD PKWY, STE 200	
CITY - ST - ZIP	ALPHARETTA GA 30202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KENNEDY, C G	
STREET ADDRESS	925 WEST GEORGIA ST	
CITY - ST - ZIP	VANCOUVER, BC V6C3L2	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CRAIG, R H	
STREET ADDRESS	4001 CARMICHAEL RD, STE 300	
CITY - ST - ZIP	MONTGOMERY AL 36106	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	JUDAY, F J	
STREET ADDRESS	5895 WINDWARD PKWY., STE 200	
CITY - ST - ZIP	ALPHARETTA GA 30202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Myrett, G.E.
3.3 STREET ADDRESS	925 West Georgia St.
3.4 CITY - ST - ZIP	Vancouver, B.C. V6C3L2
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Ruotsalainen, A.M.
6.3 STREET ADDRESS	5895 Windward Parkway, Ste. 200
6.4 CITY - ST - ZIP	Alpharetta, Ga. 30202

14. I do 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

770-740-7585

CR2E034 (9/96)