

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90008 028 ***150.00

DOCUMENT # 827448

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 30202-4182

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1972

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 owes the current year Intangible
Personal Property Tax.

☐

Yes

☐

No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

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 checked="" type="checkbox"/> DELETE
NAME	STEPHENS, TOM	
STREET ADDRESS	925 WEST GEORIGIA STREET	
CITY-ST-ZIP	VANCOUVER, BC V6C3L2	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	FORD, R G	
STREET ADDRESS	925 WEST GEORGIA ST	
CITY-ST-ZIP	VANCOUVER, BC V6C3L2	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MYNETT, G.E.	
STREET ADDRESS	925 WEST GEORGIA ST.	
CITY-ST-ZIP	VANCOUVER BC	
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	D	<input type="checkbox"/> DELETE
NAME	RUOTSALAINEN, AM	
STREET ADDRESS	5895 WONDWARD PARKWAY, STE 200	
CITY-ST-ZIP	ALPHARETTA GA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	C. G. Quintin	
1.3 STREET ADDRESS	925 West Georgia Street	
1.4 CITY-ST-ZIP	Vancouver BC V6C3L2	
2.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	M.L. May	
2.3 STREET ADDRESS	2117 Vaughn Lane	
2.4 CITY-ST-ZIP	Montgomery AL 36106	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
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 type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)