

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2001 8:00 am
Secretary of State

02-03-2001 90066 015 ***150.00

DOCUMENT # 827448

1. Entity Name
WEYERHAEUSER DISTRIBUTION INC.

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|--|--|
| Principal Place of Business 5895 WINDWARD PKWY SUITE 200 ALPHARETTA GA 30202-4182. | Mailing Address WEYERHAEUSER DIST INC TAX DEPT CHZE29 PO BOX 2999 TACOMA WA 98477-2999 |
|--|--|

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|-------------------------------------|--|
| 2. Principal Place of Business | 3. Mailing Address <i>Tax Dept CHZE29</i> |
| Suite, Apt. #, etc. City & State | Suite, Apt. #, etc. <i>PO Box 9777</i> City & State <i>Federal Way WA</i> |
| Zip Country | Zip Country <i>98063-9777 USA</i> |



DO NOT WRITE IN THIS SPACE

4. FEI Number **63-0507130** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

| | | |
|--|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KELLER, JAMES R 33663 WEYERHAEUSER WAYS FEDERAL WAY WA 98003 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARSHALL, SCOTT R 33663 WYERHAEUSER WAYS FEDERAL WAY WA 98003 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D DOWDY, ROBERT A 33663 WEYERHAEUSER WAYS FEDERAL WAY WA 98003 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P ROGEL, STEVEN R 33663 WYERHAEUSER WAY FEDERAL WAY WA 98003 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V CRAIG, R H 4001 CARMICHAEL RD, STE 300 MONTGOMERY AL 36106 | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS POLLOCK, LARRY W 33663 WEYERHAEUSER WAYS FEDERAL WAY WA 98003 | <input type="checkbox"/> Delete |

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Larry W Pollock* **Larry W. Pollock** 1-11-01 253-924-2254
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)