

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 24, 1999 8:00 am
Secretary of State

08-24-1999 90012 038 ***550.00

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 831545

1. Corporation Name
MEAD TIMBER COMPANY



DO NOT WRITE IN THIS SPACE

Principal Place of Business: C/O MEAD TAX DEPARTMENT, COURTHOUSE PLAZA, NE, DAYTON OH 45463
 Mailing Address: C/O MEAD TAX DEPARTMENT, COURTHOUSE PLAZA, NE, DAYTON OH 45463

3. Date Incorporated or Qualified: 12/31/1973
 4. FEI Number: 31-0841604
 5. Certificate of Status Desired: \$8.75 Additional Fee Required
 6. Election Campaign Financing: \$5.00 May Be Added to Fees
 8. This corporation owes the current year Intangible Personal Property: Yes No

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29, 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: Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: COB, NAME: GRABER, WILLIAM R., STREET ADDRESS: COURTHOUSE PLAZA, N.E., CITY-ST-ZIP: DAYTON OH 45463
 TITLE: AS, NAME: DAVID L. SANTEZ, STREET ADDRESS: COURTHOUSE PLAZA, NE, CITY-ST-ZIP: DAYTON OH
 TITLE: P, NAME: GESWEIN, GREGORY T, STREET ADDRESS: COURTHOUSE PLAZA NE, CITY-ST-ZIP: DAYTON OH 45463
 TITLE: ASAT, NAME: HITTER, J.I., STREET ADDRESS: COURTHOUSE PLAZA, N.E., CITY-ST-ZIP: DAYTON OH 45463
 TITLE: S, NAME: SANTEZ, DAVID L, STREET ADDRESS: COURTHOUSE PLAZA, NE, CITY-ST-ZIP: DAYTON OH 45463

1.1 TITLE: Secretary, 1.2 NAME: William R. Graber, 1.3 STREET ADDRESS: Courthouse Plaza, NE, 1.4 CITY-ST-ZIP: Dayton, OH 45463
 2.1 TITLE: V.P. + Treasurer, 2.2 NAME: Timothy R. McLevish, 2.3 STREET ADDRESS: Courthouse Plaza, NE, 2.4 CITY-ST-ZIP: Dayton, OH 45463

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.

SIGNATURE: [Signature] NAME REQUIRED

08/17/99 (930) 495 3134

CR2E034 (5/99)