

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 836255 (0)

1. Corporation Name

TAMPA INTERNATIONAL FOREST PRODUCTS, INC.

Principal Place of Business

401 EAST JACKSON ST
SUITE 2800
TAMPA FL 33602
US

Mailing Address

PO BOX 4209
STE. 2800
PORTLAND OR 97208
US



3. Date Incorporated or Qualified

04/28/1976

3a. Date of Last Report

05/01/1995

4. FEI Number

31-0880923

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME PD
HARLEY, MICHAEL
STREET ADDRESS 401 EAST JACKSON ST, STE. 2800
CITY-ST-ZIP TAMPA FL

TITLE ☐ DELETE

NAME VD
STOYANOV, MILAN
STREET ADDRESS 10250 SW GREENBURG RD, SUITE 200
CITY-ST-ZIP PORTLAND OR

TITLE ☐ DELETE

NAME STD
RATNER, CHARLES
STREET ADDRESS 10800 BROOKPARK ROAD
CITY-ST-ZIP CLEVELAND OH

TITLE ☐ DELETE

NAME D
MILLER, SAM
STREET ADDRESS 10800 BROOKPARK ROAD
CITY-ST-ZIP CLEVELAND OH

TITLE ☐ DELETE

NAME S
NEIL, CARL R. (ASST)
STREET ADDRESS 1300 SW 5TH STE. 3400
CITY-ST-ZIP PORTLAND OR

TITLE ☐ DELETE

NAME S
TONNING, LOIS (ASST)
STREET ADDRESS 10250 SW GREENBURG RD
CITY-ST-ZIP PORTLAND OR

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Tinning

1/19/96

(503) 246-8500

Date

Daytime Phone #

CR2E034 (12/95)