
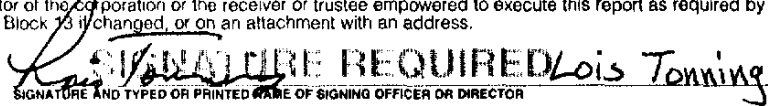
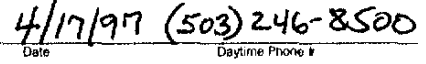


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				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 97208-4209 US		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 04/28/1976 3a. Date of Last Report 02/19/1996 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	
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			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	DELETE	1.1 TITLE	Change Addition	
NAME	HARLEY, MICHAEL		1.2 NAME		
STREET ADDRESS	401 EAST JACKSON ST, STE. 2800		1.3 STREET ADDRESS		
CITY - ST - ZIP	TAMPA FL		1.4 CITY - ST - ZIP		
TITLE	VD	DELETE	2.1 TITLE	Change Addition	
NAME	STOYANOV, MILAN		2.2 NAME		
STREET ADDRESS	10250 SW GREENBURG RD, SUITE 200		2.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR		2.4 CITY - ST - ZIP		
TITLE	STD	DELETE	3.1 TITLE	Change Addition	
NAME	RATNER, CHARLES		3.2 NAME		
STREET ADDRESS	10800 BROOKPARK ROAD		3.3 STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND OH		3.4 CITY - ST - ZIP		
TITLE	D	DELETE	4.1 TITLE	Change Addition	
NAME	MILLER, SAM		4.2 NAME		
STREET ADDRESS	10800 BROOKPARK ROAD		4.3 STREET ADDRESS		
CITY - ST - ZIP	CLEVELAND OH		4.4 CITY - ST - ZIP		
TITLE	S	DELETE	5.1 TITLE	Change Addition	
NAME	NEIL, CARL R. (ASST)		5.2 NAME		
STREET ADDRESS	1300 SW 5TH STE. 3400		5.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR		5.4 CITY - ST - ZIP		
TITLE	S	DELETE	6.1 TITLE	Change Addition	
NAME	TONNING, LOIS (ASST)		6.2 NAME		
STREET ADDRESS	10250 SW GREENBURG RD		6.3 STREET ADDRESS		
CITY - ST - ZIP	PORTLAND OR		6.4 CITY - ST - ZIP		
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 REQUIRED  4/17/97 (503) 246-8500 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E034 (9/96)