

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

FILED
May 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 836255 (0)
1. Corporation Name
TAMPA INTERNATIONAL FOREST PRODUCTS, INC.



Principal Place of Business

Mailing Address

401 EAST JACKSON ST
SUITE 2800
TAMPA FL 33602
US

PO BOX 4209
STE. 2800
PORTLAND OR 97208
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/28/1976

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ 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 ☐ 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600002538306

-05/28/98-01016-000

***300.00

25
5.26

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.

CR2E034 (10/97)