

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90038 010 ***150.00

DOCUMENT # 836255

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**

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 the current year Intangible
Personal Property Tax. ☒ 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**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

☐ DELETE

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

☒ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

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

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE VD
2.2 NAME John Judy
2.3 STREET ADDRESS 10250 SW Greenburg Rd. Ste. 200
2.4 CITY-ST-ZIP Portland, OR

☒ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Tanning

Date

503-246-8500
Daytime Phone #

CR2E034 (1/98)