2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Mailing Address PO BOX 4209

3. Mailing Address

PORTLAND OR 97208

DOCUMENT # . 836255

1. Entity Name

SUITE 100 TAMPA FL 33614

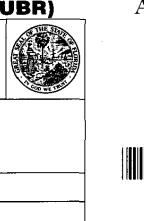
US

Principal Place of Business

8001 WOODLAND CENTER BLVD.

2. Principal Place of Business

TAMPA INTERNATIONAL FOREST PRODUCTS, INC.



FILED Apr 28, 2003 8:00 am Secretary of State

04-28-2003 90289 043 ***150.00

TTUTUKUO



| Suite, Apt. #, etc. | | | Suite | Suite, Apt. #, etc. | | | ☐ CHECK HERE IF MAKING CHANGES | | | | |
|---|------------|---|-------------|---------------------|--|--|--------------------------------|-------------------|--------------------------|-------------------------|--|
| City & State | | | City | & State | | 4. FEI Number 31-0880923 | | | <u> </u> | plied For Applicable | |
| Zip | Country | | | Zip Cou | | 5. | Certificate of Status Desired | | 8.75 Addi ee Required | | |
| | 6. Name | and Address of Currer | t Registere | d Agent | | 7. Name and Address of New Registered Agent | | | | | |
| | | | | Name | | | | | | | |
| CT CORPORATION SYSTEM | | | | | | the same of the sa | | | | | |
| 1200 S. PINE ISLAND ROAD | | | | | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| PLANTATION FL 33324 | | | | | | | | | | | |
| PLANTATI | 24 | | | | | | | | 1 | | |
| | | • | | City | | ÷ ************************************ | FL | Zip Code | | | |
| 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. | | | | | | | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | | |
| | | | | | <u></u> | | | | | —— | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 | | | | | | | 9. Election Campaign Fin | ancing | \$5.00 | May Be | |
| | | os ree wiii be \$550.00 o Florida Department | | | | | Trust Fund Contribution | n. 🗀 | Added | to Fees | |
| | | | | | | | | | | | |
| 10. | · - | OFFICERS ANI | D DIRECTOR | | 11. | A[| DDITIONS/CHANGES TO OFFI | ICERS AND | | | |
| TITLE | PD | | | Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | HARLEY, N | | | | NAME | | | | | | |
| STREET ADDRESS | | DLAND CENTER BLV | D #100 | | STREET ADORESS | | | | | | |
| CITY-ST-ZIP | TAMPA FL | 33614 | | | CITY-ST-ZIP | | | | | | |
| TITLE | VD | | | ☐ Delete | TITLE | | | | ☐ Change | ☐ Addition | |
| NAME | JUDY, JOH | (N | | | NAME | | | | | 1 | |
| STREET ADDRESS | 10250 SW | GREENBURG RD, SU | ITE 200 | | STREET ADDRESS | | | | | | |
| CITY-ST-ZIP | PORTLAND | | | | CITY-ST-ZIP | | | | | | |
| TITLE | STD | * <u></u> | | ☐ Delete | TITLE | STD | | | Change | Addition | |
| NAME | RATNER, C | CHARLES | | boloto | NAME | Rath | er, charles | | (Sindings | | |
| | | OKPARK ROAD | | | STREET ADDRESS | 1100 - | Terminal Tou | Ner | | 1 | |
| CITY-ST-ZIP | CLEVELAN | | - | | CITY-ST-ZIP | Closif | cland, OH 40 | วี แ ว " | | | |
| TITLE | n | | | ☐ Delete | TITLE | | | - 11.2 | Change | Addition | |
| NAME | MILLER, SA | ΔM | | LL Delete | NAME | Si lle | r. sam Perminel Ti | ـ م | Change | | |
| STREET ADDRESS | | OKPARK ROAD | | | STREET ADDRESS | | To rmine 17 | | | | |
| CITY-ST-ZIP | CLEVELAN | | | | CITY-ST-ZIP | Cles | the pants | 44112 | 2 | | |
| | 0 | | | (| | | Cana, On | | | | |
| TITLE | NEL CAD | D (ACCT) | | Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | | L R. (ASST) | | | NAME | | | | | } | |
| STREET ADDRESS | | STH STE. 3400 | | | STREET ADDRESS CITY-ST-ZIP | | | | | i | |
| CITY-ST-ZIP | PORTLAND | OR . | | | | <u>-</u> | | | | | |
| TITLE | JOHN | LOIG (ADOT) | | ☐ Delete | TITLE | | | | Change | ☐ Addition | |
| NAME | | LOIS (ASST) | | | NAME | | | | | ļ | |
| | | GREENBURG RD | | | STREET ADDRESS | | • | | | į | |
| CITY-ST-ZIP | PORTLAND | UK | | | CITY-ST-ZIP | | | | | | |

12. Thereby 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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

4-24-03

503-246-8500

Daytime Phone

;R2E034 (10/02)