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Apr 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 # 840961 (7)

1. Corporation Name
ROCKY CREEK LOGGING COMPANY, INC.

Principal Place of Business
C/O TAX DEPARTMENT
1600 VALLEY ROAD
WAYNE NJ 07470-2043

Mailing Address
C/O TAX DEPARTMENT
1600 VALLEY ROAD
WAYNE NJ 07470-2043

3. Date Incorporated or Qualified 06/27/1978
3a. Date of Last Report 07/02/1996

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 22-1973851		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.				Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

CORRIGAN, JOHN F.
920 BARNETT BANK BUILDING
JACKSONVILLE FL 32202

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ASD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY BETH ELLIOTT	1.2 NAME	
STREET ADDRESS	1600 VALLEY ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE NJ	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNEY, D. W.	2.2 NAME	
STREET ADDRESS	1600 VALLEY RD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYNE, NJ 0	2.4 CITY-ST-ZIP	
TITLE	AT	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHUMATE, E H	3.2 NAME	
STREET ADDRESS	1201 W. LATHROP AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TYSON, J.S.	4.2 NAME	
STREET ADDRESS	1201 W. LATHROP AVENUE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FENDIG, JAMES G	5.2 NAME	
STREET ADDRESS	1201 W. LATHROP AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	5.4 CITY-ST-ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAMES R. KOBLEUR	6.2 NAME	
STREET ADDRESS	1201 W. LATHROP AVENUE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAVANNAH GA	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: *D. W. Barney* D. W. BARNEY 3/27/97 (201) 628-2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)