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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 Mailing Address
C/O TAX DEPARTMENT C/O TAX DEPARTMENT
1600 VALLEY ROAD 1600 VALLEY ROAD
WAYNE NJ 07470-2043 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 2b. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
4. FEI Number 22-1973851 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
CORRIGAN, JOHN F.
920 BARNETT BANK BUILDING
JACKSONVILLE FL 32202

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 _____ (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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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 | |
| 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: *[Signature]* D.W. BARNEY Date: 3/27/97 Daytime Phone: (201) 628-2000

CR2E034 (9/96)