

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

**FILED**  
**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90039 001 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # 840961**

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

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified  
**06/27/1978**

4. FEI Number  
**22-1973851**

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

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	T	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARNEY, D. W.	2.2 NAME	Albert, J.C.
STREET ADDRESS	1600 VALLEY RD.	2.3 STREET ADDRESS	1201 W. Lathrop
CITY-ST-ZIP	WAYNE, NJ 0	2.4 CITY-ST-ZIP	Savannah, GA 31401
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 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: Mary Beth Elliott **Mary Beth Elliott** 3/30/99 (973) 628-2000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)