

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
May 14, 1999 8:00 am
Secretary of State

05-14-1999 90003 001 ***450.00

DOCUMENT # 851645

1. Corporation Name

SOUTHERN TIMBER RESOURCES CORP.

Principal Place of Business

**3 WORLD FINANCIAL CENTER
29TH FLOOR
NEW YORK NY 10285
US**

Mailing Address

**FIRST DATA INVESTOR SERVICES GROUP
P.O. BOX 1527
BOSTON MA 02104
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/19/1982

4. FEI Number

56-1303553

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

US

101 HUDSON STREET

39TH FLOOR

JERSEY CITY, NJ

07302

US

9. Name and Address of Current Registered Agent

**THE PRENTICE HALL CORPORATION SYSTEM INC
1201 HAYS STREET
TALLAHASSEE FL 32301**

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

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** ☒ DELETE
NAME **HELMAN, ROBERT**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10285**

TITLE **T** ☒ DELETE
NAME **SILVERMAN, MARC**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE **AT** ☒ DELETE
NAME **DUFFY, MALACHY**
STREET ADDRESS **53 STATE STREET, BOS 710**
CITY-ST-ZIP **BOSTON MA**

TITLE **V** ☒ DELETE
NAME **HELLMAN, ROBERT**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY**

TITLE **AT** ☒ DELETE
NAME **GRIESINGER, CYNTHIA**
STREET ADDRESS **53 STATE STREET, BOX 868**
CITY-ST-ZIP **BOSTON MA 02109**

TITLE **S** ☐ DELETE
NAME **MARRE, JENNIFER**
STREET ADDRESS **3 WORLD FINANCIAL CENTER-29TH FLOOR**
CITY-ST-ZIP **NEW YORK NY 10285**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition
1.2 NAME **ROCCO F. ANDRIOLA**
1.3 STREET ADDRESS **3 WORLD FINANCIAL CENTER**
1.4 CITY-ST-ZIP **NEW YORK, NY 10285**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **AT** ☒ Change ☐ Addition
3.2 NAME **KATHRYN M. BOPP FLYNN**
3.3 STREET ADDRESS **101 HUDSON STREET**
3.4 CITY-ST-ZIP **JERSEY CITY, NJ 07302**

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

5.1 TITLE **AS** ☒ Change ☐ Addition
5.2 NAME **EILEEN M. BANNON**
5.3 STREET ADDRESS **3 WORLD FINANCIAL CENTER**
5.4 CITY-ST-ZIP **NEW YORK, NY 10285**

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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:

SIGNATURE REQUIRED
EILEEN M. BANNON
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ASSISTANT SECRETARY

04/20/99 (212) 526-2327
Date Daytime Phone #

CR2E034 (11/98)