

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **851652** (8)

1. Corporation Name  
**INLAND PLYWOOD COMPANY**



Principal Place of Business: **375 CASS AVENUE P O BOX 420007 PONTIAC MI 48342**  
Mailing Address: **375 CASS AVENUE P O BOX 420007 PONTIAC MI 48342**

3. Date incorporated or Qualified: **01/20/1982**  
3a. Date of Last Report: **03/28/1995**  
4. FEI Number: **38-1854904**  
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

2. Principal Place of Business: **21** Suite, Apt. #, etc.: **22** City & State: **23** Zip: **24** Country: **25**  
2a. Mailing Address: **26** Suite, Apt. #, etc.: **27** City & State: **28** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent: **CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324**  
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	VTD MACEACHERN, STEPHEN A. 375 CASS AVENUE PONTIAC MI	<input type="checkbox"/> DELETE	1 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			12 NAME
STREET ADDRESS			13 STREET ADDRESS
CITY - ST - ZIP			14 CITY - ST - ZIP
TITLE	D MACLEAN, GARY T 375 CASS AVENUE PONTIAC MI	<input type="checkbox"/> DELETE	2 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			22 NAME
STREET ADDRESS			23 STREET ADDRESS
CITY - ST - ZIP			24 CITY - ST - ZIP
TITLE	PSD MACEACHERN, TIMOTHY G 375 CASS AVENUE PONTIAC MI	<input type="checkbox"/> DELETE	3 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			32 NAME
STREET ADDRESS			33 STREET ADDRESS
CITY - ST - ZIP			34 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	4 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			42 NAME
STREET ADDRESS			43 STREET ADDRESS
CITY - ST - ZIP			44 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	5 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			52 NAME
STREET ADDRESS			53 STREET ADDRESS
CITY - ST - ZIP			54 CITY - ST - ZIP
TITLE		<input type="checkbox"/> DELETE	6 1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			62 NAME
STREET ADDRESS			63 STREET ADDRESS
CITY - ST - ZIP			64 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Timothy G. MacEachern Timothy G. MacEachern PRESIDENT 04/22/96 810-334-4706  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)