

2002 UNIFORM BUSINESS REPORT (UBR)

0003255 AB

DOCUMENT # B01000000276

1. Entity Name

PLUM CREEK TIMBERLANDS, L.P.

Principal Place of Business

999 THIRD AVENUE, SUITE 2300
SEATTLE WA 98104

Mailing Address

999 THIRD AVENUE, SUITE 2300
SEATTLE WA 98104

FILED
02 SEP -9 PM 12:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DUE BY SEPTEMBER 25, 2002

Zip

Country

Zip

Country

4. FEI Number

91-1920356

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

DATE

9. Capital Contributions
as Shown on record.

\$100.00

10. Amount of Capital Contributions
in FLORIDA to date.

\$100.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # M01000001830
NAME PLUM CREEK TIMBER I, L.L.C.
STREET ADDRESS 999 THIRD AVENUE, SUITE 2300
CITY-ST-ZIP SEATTLE WA 98104

STREET ADDRESS

CITY-ST-ZIP

DK

DOCUMENT #
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CITY-ST-ZIP

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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 report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

Plum Creek Timber I, L.L.C.

SIGNATURE: BY: *SIGNATURE REQUIRED*

Asst. Secretary

9/6/02

(206) 467-3705

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

CR2E003 (4/02)