2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005684

City-St-Zip:

ATLANTA, GA 30303

Entity Name: FOREST PRODUCTS COOPERATIVE, INC.

FILED Jan 07, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 200 S. LAMAR ST., SUITE 500 200 S. LAMAR ST. JACKSON, MS 39201 SUITE 500 JACKSON, MS 39201 **Current Mailing Address: New Mailing Address:** 10037 SCARLETT CT BROOKSVILLE, FL 34613 FEI Number: 64-0866249 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, THOMAS J 10037 SCARLETT CT BROOKSVILLE, FL 34613 US 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. SIGNATURE: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition LOWE, GEORGE BERGWALL, TIM Name: Name: 2205 MT. VERNON AVE. 366 GREIF PARKWAY Address: Address: City-St-Zip: POMONA, CA 91679 City-St-Zip: DELAWARE, OH 43015 Title: Title: () Change () Addition () Delete Name: WILSON, THOMAS J Name: 10037 SCARLETT CT Address: Address: BROOKSVILLE, FL 34613 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition GARLAND, TOM SHWAYRI, NICK Name: Name: PO BOX 4098 2366-2 INTERSTATE ROAD Address: Address: City-St-Zip: NORCROSS, GA 30091 City-St-Zip: RICEBORO, GA 31323 Title: (X) Delete Title: () Change () Addition RAWLINGS, MARK Name: Name: 245 PEACHTREE CENTER AVE. NE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: THOMAS J. WILSON V 01/07/2009