

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F02000005684

**FILED**  
**Mar 20, 2012**  
**Secretary of State**

**Entity Name:** FOREST PRODUCTS COOPERATIVE, INC.

**Current Principal Place of Business:**

200 S. LAMAR ST.  
SUITE 500  
JACKSON, MS 39201

**New Principal Place of Business:**

**Current Mailing Address:**

10037 SCARLETT CT  
BROOKSVILLE, FL 34613

**New Mailing Address:**

**FEI Number:** 64-0866249

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WILSON, THOMAS J  
10037 SCARLETT CT  
BROOKSVILLE, FL 34613 US

**Name and Address of New Registered Agent:**

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

**OFFICERS AND DIRECTORS:**

**Title:** P  
**Name:** OLSON, RICH  
**Address:** PO BOX 277  
**City-St-Zip:** MENOMINEE, MI 49858 US

**Title:** VP  
**Name:** WILSON, THOMAS J  
**Address:** 10037 SCARLETT CT  
**City-St-Zip:** BROOKSVILLE, FL 34613 US

**Title:** S/T  
**Name:** KOWANTZ, CHARLES  
**Address:** 2366-2 MERRITT 7  
**City-St-Zip:** NORWALK, CT 06851 US

I hereby 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 all other like empowered.

**SIGNATURE:** THOMAS J. WILSON

VP

03/20/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date