2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000005684

Entity Name: FOREST PRODUCTS COOPERATIVE, INC.

FILED Jul 08, 2003 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
200 S. LAI JACKSON	MAR ST., SUITE 5 I, MS 39201	500				
Current Mailing Address:			New Maili	New Mailing Address:		
	ARLETT CT /ILLE, FL 34613					
FEI Number	: 64-0866249 I	FEI Number Applied For()	FEI Number Not Appl	icable ()	Certificate of Status Desired ()	
Name and	l Address of Cur	rent Registered Agent:	Name and	Address of	New Registered Agent:	
10037 SĆ/	THOMAS J ARLETT CT /ILLE, FL 34613	US				
The above in the State	e named entity sub e of Florida.	mits this statement for the p	urpose of changing it	ts registered o	office or registered agent, or both,	
SIGNATU	RE:					
	Electronic	Signature of Registered Age	nt		Date	
	mpaign Financing Tr S AND DIRECTO	ust Fund Contribution(). RS:	ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	PD () De NORRIS, THOMAS 2366-2 INTERSTA RICEBORO, GA 3	F FE RD	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VD () De SIEBERS, MICHAE 419 MAIN ST OREGONE CITY, C	EL A	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	STD () De KULIGA, KEVIN J 13101 S. PULASKI ALSIP, IL 60658		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	V () De WILSON, THOMAS 10037 SCARLETT BROOKSVILLE, FL	J CT	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	D () De GILES, MICHAEL A P.O. BOX 339 AMHERST, VA 248	1	Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: Citv-St-Zip:	D () De KARR, KEVIN 375 WATER ST., S VANCOUVER BRI	TE 650	Title: Name: Address: City-St-7ip:	HAHN, THOMA	K BLVD., SUITE 400	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: THOMAS J. WILSON V 07/08/2003