

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001365

FILED
Mar 25, 2009
Secretary of State

Entity Name: ARAUCO WOOD PRODUCTS, INC.

Current Principal Place of Business:

5901-B PEACHTREE-DUNWOODY ROAD
STE 500
ATLANTA, GA 30328

New Principal Place of Business:

5901-B PEACHTREE DUNWOODY ROAD
SUITE 500
ATLANTA, GA 30328

Current Mailing Address:

5901-B PEACHTREE-DUNWOODY ROAD
STE 500
ATLANTA, GA 30328

New Mailing Address:

5901-B PEACHTREE DUNWOODY ROAD
SUITE 500
ATLANTA, GA 30328

FEI Number: 58-2187781

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KAUFMANN, ERWIN
Address: 5901-B PEACHTREE DUNWOODY RD, STE 500
City-St-Zip: ATLANTA, GA 30328

Title: D () Delete
Name: GUZMAN, JUAN P
Address: AVENIDA EL GOLF #15D 14TH FLOOR
City-St-Zip: SANTIAGO, LAS CONDES, CH

Title: D () Delete
Name: WALKER, ALBERTO
Address: AVENIDA EL GOLF #150, 14TH FLOOR
City-St-Zip: SANTIAGO LAS CONDES, CH

Title: D () Delete
Name: LUQUE, ANTONIO R
Address: AVENIDA EL GOLF #150, 14TH FLOOR
City-St-Zip: SANTIAGO LAS CONDES, CH

Title: D () Delete
Name: KIMBER, CHARLES F
Address: AVENIDA EL GOLF #150 14TH FLOOR
City-St-Zip: SANTIAGO LAS CONDES, CH

Title: D () Delete
Name: BOZALLA, FRANCO
Address: AVENIDA EL GOLF #150 14TH FLOOR
City-St-Zip: SANTIAGO, LOS CONDES, CH

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: FIGUEROA, FRANCISCO
Address: 5901-B PEACHTREE DUNWOODY RD, STE 500
City-St-Zip: ATLANTA, GA 30328

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KAUFMANN, ERWIN
Address: AVENIDA EL GOLF #150 14TH FLOOR
City-St-Zip: SANTIAGO, LAS CONDES, CH

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.

SIGNATURE: FRANCISCO FIGUEROA

PRES

03/25/2009

Electronic Signature of Signing Officer or Director

Date