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(C	ity/State/Zip/Phone	<del>(</del> )
PICK-UP	WAIT	MAIL.
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Certified Copies	Certificates of	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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IALLAHASSEE, FLORIDA

#### **CT** CORPORATION

March 19, 2003

Secretary of State, Florida 409 East Gaines Street Tallahassee FL 32399

Re:

Order #: 5769047 WO

Customer Reference 1: None

Customer Reference 2: Qualification for State

Dear Secretary of State, Florida:

Please file the attached:

Arauco Wood Products, Inc. (DE) Qualification Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

Sincerely,

Jeffrey J Netherton Sr. Fulfillment Specialist Jeff\_Netherton@cch-lis.com

660 East Jefferson Street Tallahassee, FL 32301 Tel. 850 222 1092 Fax 850 222 7615

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

I.	Arauco wood	Products, mc.			
	words or abbre	· · · · · · · · · · · · · · · · · · ·	earl	ED", "COMPANY", "CORPORATION" or y indicate that it is a corporation instead of a present.)	
2.	Delaware			58-2187781	
	(State or count	ry under the law of which it is incorporated)	1	(FEI number, if applicable)	
4.	06/02/1995		5.	Perpetual	
		te of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")	Ç
6.	03/01/2000			L <sub>C</sub>	بر ح
٠.				t transacted business in Florida, insert "upon qualification.")  1, 607.1502 and 817.155, F.S.)	03 MAR 19
7.	5901-C Peacht	ree-Dunwoody Rd. Suite 370, Atlanta, GA		328	3
		(Principal office	ado	lress)	
	same			RAT	1:40
		(Current mailing	ado	iress)	
8.		ribution of wood and wood products			
	(Purpose	e(s) of corporation authorized in home state of	or c	ountry to be carried out in state of Florida)	
9.	. Name and <u>st</u>	reet address of Florida registered age	nt:	(P.O. Box or Mail Drop Box NOT acceptable)	
	Name:	C T Corporation System		<u> </u>	
o	office Address:	1200 South Pine Island Road			
		Plantation		, Florida 33324	
		(City)		(Zip code)	

#### 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:

C T Corporation System

MARY R. ADAMS

ASSISTANT SECRETARY

Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

### 12. Names and business addresses of officers and/or directors:

A. DIRECTORS	S SEE ATTACHMENT	
Chairman:		
Address:		
Vice Chairman:		
Address:		<u>.                                    </u>
Director:	· -	
Address:		AR A
		ASSE
Director:		Es P
Address:		윤
		DA .
	Peachtree-Dunwoody Rd. Suite 370	
Address.		
Secretary: Juan Pa		
	Peachtree-Dunwoody Rd. Suite 370 Atlanta, GA 30328	
Treasurer: Juan P		4 -
-	Peachtree-Dunwoody Rd. Suite 370 Atlanta, GA 30328	
CK	ssary, you may attach an addendum to the application listing additional office	rs and/or directors.
13	(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of	f the application)
14. Charles Kimb		
	(Typed or printed name and capacity of person signing application)	•

#### Attachment

#### Attachment to Florida

#### **Officers & Directors**

1. Full Name: Officer/Director: Director's Title: Business Address: City:

2. Full Name: Officer/Director: Officer's Title: Business Address:

City:

3. Full Name: Officer/Director: Officer's Title: Business Address:

City:

4. Full Name: Officer/Director: Officer's Title: **Business Address:** City:

5. Full Name: Officer/Director: Officer's Title: Business Address:

City:

6. Full Name: Officer/Director: Officer's Title: Business Address: City:

7. Full Name: Officer/Director: Officer's Title: Business Address: City:

Alejandro D. Pérez

Director Chairman

Avenida el Golf #150 Santiago, Los Condos, Chile

Charles F. Kimber Officer, Director President

5901-C Peachtree-Dunwoody Rd.

Suite 370

Atlanta, GA 30328

Juan Pablo Guzman

Officer

Secretary and Treasurer

5901-C Peachtree-Dunwoody Rd.

Suite 370

Atlanta, GA 30328

Antonio R. Luque

Director

Avenida el Golf #150 Santiago, Los Condos, Chile

Franco Bozalla Director

Avenida el Golf #150 Santiago, Los Condos, Chile

Matias Domeyko

Director

Avenida el Golf #150 Santiago, Los Condos, Chile

Jorge Garnham Director

Avenida el Golf #150 Santiago, Los Condos, Chile

# Delaware

PAGE 1

## The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ARAUCO WOOD PRODUCTS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2003.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Harriet Smith Windsor, Secretary of State
AUTHENTICATION: 2306029

DATE: 03-13-03

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