2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000004542

Entity Name: RAYONIER DISTRIBUTION CORP.

FILED Apr 26, 2004 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:		
	RA ST., STE. VILLE, FL 322				
Current M	lailing Addres	ss:	New Mailing Address:		
	RA ST., STE. VILLE, FL 322				
FEI Number:	: 06-1229145	FEI Number Applied For()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	Address of 0	Current Registered Agent:	Name and Address	of New Registered Agent:	
1200 SOU PLANTATI The above	PORATION SY TH PINE ISLA ON, FL 33324 named entity of Florida.	ND ROAD 4 US	urpose of changing its registe	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electro	nic Signature of Registered Age	nt	Date	
Election Car	mpaign Financin	g Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:			ADDITIONS/CHAN	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	P (BOYNTON, PA 50 N. LAURA S JACKSONVILL	T., STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (FRAZIER, W. I 50 N. LAURA S JACKSONVILL	T., STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (AUGUSTE, MA 50 N. LAURA S JACKSONVILL	T., STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	D (BOYNTON, PA 50 N. LAURA S JACKSONVILL	UL G T., STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	C (VANDEN NOOI 50 N. LAURA S JACKSONVILL	T., STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	AS (ARTHUR, TRAG 50 N. LAURA S JACKSONVILL	T., STE. 1900	Title: Name: Address: City-St-Zip:	() Change () Addition	

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: W. E. FRAZIER, III SECR 04/26/2004

JACK M. KRIESEL, DIRECTOR 50 N. LAURA STREET STE. 1900 JACKSONVILLE, FL 32202

W. L. NUTTER, DIRECTOR 50 N. LAURA STREET STE. 1900 JACKSONVILLE, FL 32202