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Florida Department of State  
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**FOREIGN PROFIT QUALIFICATION**

**Rayonier Distribution Corp.**

Certificate of Status	0
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DIVISION OF CORPORATIONS

9-10-03

# 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.

1. Rayonier Distribution Corp.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Delaware  
(State or country under the law of which it is incorporated)
3. 06-1229145  
(FEI number, if applicable)
4. 03/10/1988  
(Date of incorporation)
5. Perpetual  
(Duration: Year corp. will cease to exist or "perpetual")
6. Upon Qualification  
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")  
(SEE SECTIONS 607.1501, 607.1502 and §17.155, F.S.)
7. 50 N. Laura Street, Suite 1900, Jacksonville, FL 32202  
(Principal office address)
- same  
(Current mailing address)
8. Domestic distribution and warehousing of products  
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)  
Name: c/o C T Corporation System  
Office Address: 1200 South Pine Island Road  
Plantation, Florida 33324  
(City) (Zip code)

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## 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: Barbara A. Burke  
(Registered agent's signature)

C T Corporation System  
BARBARA A. BURKE  
SPECIAL ASSISTANT SECRETARY

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: *SEE ATTACHMENT*

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

Director: \_\_\_\_\_

Address: \_\_\_\_\_

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**B. OFFICERS** *SEE ATTACHMENT*

President: Paul G. Boynton

Address: 50 N. Laura Street, Suite 1900

Jacksonville, FL 32202

Vice President: \_\_\_\_\_

Address: \_\_\_\_\_

Secretary: W. Edwin Frazier, III

Address: 50 N. Laura Street, Suite 1900 Jacksonville, FL 32202

Treasurer: Macdonald Auguste

Address: 50 N. Laura Street, Suite 1900 Jacksonville, FL 32202

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. W. Edwin Frazier, III, Secretary

(Typed or printed name and capacity of person signing application)

Attachment to Florida  
**Officers & Directors**

- 
1. Full Name: Paul G. Boynton  
Officer/Director: Officer, Director  
Officer's Title: President  
Business Address: 50 N. Laura Street, Suite 1900  
City: Jacksonville  
State: FL  
ZIP Code: 32202
  2. Full Name: Hans E. Vanden Noort  
Officer/Director: Officer  
Officer's Title: Controller  
Business Address: 50 N. Laura Street, Suite 1900  
City: Jacksonville  
State: FL  
ZIP Code: 32202
  3. Full Name: Macdonald Auguste  
Officer/Director: Officer  
Officer's Title: Treasurer  
Business Address: 50 N. Laura Street, Suite 1900  
City: Jacksonville  
State: FL  
ZIP Code: 32202
  4. Full Name: W. Edwin Frazier, III  
Officer/Director: Officer  
Officer's Title: Secretary  
Business Address: 50 N. Laura Street, Suite 1900  
City: Jacksonville  
State: FL  
ZIP Code: 32202
  5. Full Name: Tracy K. Arthur  
Officer/Director: Officer  
Officer's Title: Assistant Secretary  
Business Address: 50 N. Laura Street, Suite 1900  
City: Jacksonville  
State: FL  
ZIP Code: 32202
  6. Full Name: W. L. Nutter  
Officer/Director: Director  
Officer's Title:  
Business Address: 50 N. Laura Street, Suite 1900  
City: Jacksonville  
State: FL  
ZIP Code: 32202

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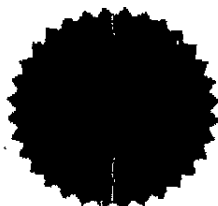
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## *The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "RAYONIER DISTRIBUTION CORP." 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 TWENTIETH DAY OF AUGUST, A.D. 2003.

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

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



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*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 2593204

DATE: 08-20-03

TOTAL P.05

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