FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000000534 (8)**

1. Corporation Name

TAMPA INTERNATIONAL CROSSTIE SALES, INC.

Principal Place of Business	Mailing Address
~~10250 SW GREENBURG RD.~~ ~~STE. 200~~ ~~PORTLAND OR 97223~~	~~10250 SW GREENBURG RD.~~ ~~STE. 200~~ ~~PORTLAND OR 97223~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 401 East Jackson St.	26 P.O. Box 4209
Suite, Apt. #, etc. 22 suite # 2800	Suite, Apt. #, etc. 27
City & State 23 Tampa, FL	City & State 28 Portland, OR
Zip / Country 24 33602 / 25 Hillsborough	Zip / Country 29 97208 / 30 Multnomah

4. FEI Number: 34-1735507 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☒ Change ☐ Addition
NAME	HARLEY, MICHAEL	12 NAME	
STREET ADDRESS	~~215 MARINER SQUARE, 200 S. HOOVER~~	13 STREET ADDRESS	401 East Jackson St., suite 2800
CITY-ST-ZIP	~~TAMPA FL 33609~~	14 CITY-ST-ZIP	Tampa, FL 33602
TITLE	DVP	21 TITLE	☐ Change ☐ Addition
NAME	STOYANOV, MILAN	22 NAME	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	23 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97223	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☐ Change ☐ Addition
NAME	RATNER, CHARLES R	32 NAME	
STREET ADDRESS	10800 BROOKPARK RD.	33 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	TONNING, LOIS L	42 NAME	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	43 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97223	44 CITY-ST-ZIP	
TITLE	AS	51 TITLE	☒ Change ☐ Addition
NAME	NEIL, CARL R	52 NAME	
STREET ADDRESS	~~222 SW COLUMBIA, STE. 1600~~	53 STREET ADDRESS	1300 S.W. 5th, suite 3400
CITY-ST-ZIP	~~PORTLAND OR 97201~~	54 CITY-ST-ZIP	Portland, OR 97201
TITLE	D	61 TITLE	☐ Change ☐ Addition
NAME	MILLER, SAM H	62 NAME	
STREET ADDRESS	10800 BROOKPARK RD.	63 STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois L. Tonning — Lois L. Tonning — 4/24/95 — (503) 246-8500
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR — Date — Daytime Phone #

04021115 FP