FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # F93000000534 (8)

1. Corporation Name
TAMPA INTERNATIONAL CROSSTIE SALES, INC.

Principal Place of Business
401 EAST JACKSON ST
SUITE #2800
TAMPA FL 33602
US

Mailing Address
~~10250 SW GREENBURG RD.~~
~~STE 200~~
~~PORTLAND OR 97223~~

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 P.O. Box 4209
Suite, Apt. #, etc.
27
City & State
28 Portland, OR
Zip 29 97208 Country 30

3. Date Incorporated or Qualified: 02/08/1993
3a. Date of Last Report: 05/01/1995
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
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent
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 ________

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	HARLEY, MICHAEL	
STREET ADDRESS	401 EAST JACKSON ST, SUITE 2800	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	☐ DELETE
NAME	STOYANOV, MILAN	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	STD	☐ DELETE
NAME	RATNER, CHARLES R	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY-ST-ZIP	CLEVELAND OH 44130	
TITLE	AS	☐ DELETE
NAME	TONNING, LOIS L	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	AS	☐ DELETE
NAME	NEIL, CARL R	
STREET ADDRESS	1300 SW 5TH, SUITE 3400	
CITY-ST-ZIP	PORTLAND OR	
TITLE	D	☐ DELETE
NAME	MILLER, SAM H	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY-ST-ZIP	CLEVELAND OH 44130	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: [signature] Lois Tonning 1/24/96 (503)246-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)