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May 08 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

P.O. BOX 4209
PORTLAND OR 97208-4209
US



3. Date Incorporated or Qualified

02/08/1993

3a. Date of Last Report

02/20/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

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25

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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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	HARLEY, MICHAEL	
STREET ADDRESS	401 EAST JACKSON ST, SUITE 2800	
CITY-ST-ZIP	TAMPA FL	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	STOYANOV, MILAN	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RATNER, CHARLES R	
STREET ADDRESS	10800 BROOKPARK RD.	
CITY-ST-ZIP	CLEVELAND OH 44130	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	TONNING, LOIS L	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	NEIL, CARL R	
STREET ADDRESS	1300 SW 5TH, SUITE 3400	
CITY-ST-ZIP	PORTLAND OR	
TITLE	D	<input type="checkbox"/> 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 Tanning
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lois Tanning

4/17/96 (503)246-8500

Date Daytime Phone #

CR2E034 (9/96)