

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # F93000000534

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  
US

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90038 009 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1993

4. FEI Number

34-1735507

Applied For  
Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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  
NAME HARLEY, MICHAEL  
STREET ADDRESS 401 EAST JACKSON ST, SUITE 2800  
CITY-ST-ZIP TAMPA FL

☐ DELETE

TITLE DVP  
NAME ~~STOYANOV, MILAN~~  
STREET ADDRESS 10250 SW GREENBURG RD., STE. 200  
CITY-ST-ZIP PORTLAND OR 97223

☐ DELETE

TITLE STD  
NAME RATNER, CHARLES R  
STREET ADDRESS 10800 BROOKPARK RD.  
CITY-ST-ZIP CLEVELAND OH 44130

☐ DELETE

TITLE AS  
NAME TONNING, LOIS L  
STREET ADDRESS 10250 SW GREENBURG RD., STE. 200  
CITY-ST-ZIP PORTLAND OR 97223

☐ DELETE

TITLE AS  
NAME NEIL, CARL R  
STREET ADDRESS 1300 SW 5TH, SUITE 3400  
CITY-ST-ZIP PORTLAND OR

☐ DELETE

TITLE D  
NAME MILLER, SAM H  
STREET ADDRESS 10800 BROOKPARK RD.  
CITY-ST-ZIP CLEVELAND OH 44130

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

*Lois Tanning*  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(503) 246-8500

CR2E034 (1/98)