

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000534

1. Entity Name

TAMPA INTERNATIONAL CROSSTIE SALES, INC.

FILED
Apr 26, 2000 8:00 am
Secretary of State

04-26-2000 90170 046 ***150.00

Principal Place of Business	Mailing Address
401 EAST JACKSON ST SUITE #2800 TAMPA FL 33602 US	P.O. BOX 4209 PORTLAND OR 97208-4209 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	34-1735507	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324	Name
	Street Address (P.O. Box Number is Not Acceptable)
	City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARLEY, MICHAEL	NAME	
STREET ADDRESS	401 EAST JACKSON ST, SUITE 2800	STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL	CITY-ST-ZIP	
TITLE	DVP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUDY, JOHN W	NAME	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97223	CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RATNER, CHARLES R	NAME	
STREET ADDRESS	10800 BROOKPARK RD.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONNING, LOIS L	NAME	
STREET ADDRESS	10250 SW GREENBURG RD., STE. 200	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97223	CITY-ST-ZIP	
TITLE	AS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIL, CARL R	NAME	
STREET ADDRESS	1300 SW 5TH, SUITE 3400	STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, SAM H	NAME	
STREET ADDRESS	10800 BROOKPARK RD.	STREET ADDRESS	
CITY-ST-ZIP	CLEVELAND OH 44130	CITY-ST-ZIP	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with my address, with all other like empowered.

SIGNATURE:	4/26/00	Date	Daytime Phone #
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CR2E034 (9/99)