

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90455 032 ***150.00

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F93000000534

1. Entity Name

Tampa International Crosstie Sales, Inc.

Principal Place of Business

8001 Woodland Cntr Blvd
 Suite 100
 Tampa, FL 33614

Mailing Address

P.O. Box 4209
 Portland, OR 97208-4209

00043519

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number 34-1735507

☐ Applied For
☐ Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

CT Corporation System
 1200 South Pine Island Rd.
 Plantation, FL 33324

7. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent Signature required when reinstalling)

DATE

 9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐
 (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

 10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE DP
 NAME Harley, Michael
 STREET ADDRESS 8001 Woodland Cntr Blvd, #100
 CITY - ST - ZIP Tampa, FL 33614

☐ Delete

TITLE DVP
 NAME Judy, John W.
 STREET ADDRESS 10250 SW Greenburg Rd, #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, #200
 CITY - ST - ZIP Portland, OR 97223

☐ Delete

TITLE AS
 NAME Neil, Carl R.
 STREET ADDRESS 1300 SW 5th, #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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-16-01 (503) 241-8500