

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Mar 11 1997 8:00am
Secretary of State

DOCUMENT # F95000004030 (1)

1. Corporation Name

AMERICAN CEMWOOD CORPORATION

Principal Place of Business

3615 PACIFIC BLVD SW
ALBANY OR 97321

Mailing Address

5895 WINDWARD PARKWAY
SUITE 200
ALPHARETTA GA 30202-8805

3. Date Incorporated or Qualified

08/21/1995

3a. Date of Last Report

04/01/1996

4. FEI Number

93-0933786

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	WORTHY, VICTOR R	
STREET ADDRESS	925 W GEORGIA ST VANCOUVER, BRITISH COLU	
CITY - ST - ZIP	CANADA V6C 3L2	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	SORENG, AL R	
STREET ADDRESS	3615 PACIFIC BLVD SW	
CITY - ST - ZIP	ALBANY OR 97321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERGUSON, GLENN M	
STREET ADDRESS	925 W GEORGIA ST, VANCOUVER, BRITISH COLUMB	
CITY - ST - ZIP	CANADA V6C 3L2	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MACFARLANE, R. GARTH	
STREET ADDRESS	925 W GEORGIA ST, VANCOUVER, BRITISH COLUMB	
CITY - ST - ZIP	CANADA V6C 3L2	
TITLE	S	<input type="checkbox"/> DELETE
NAME	MYNETT, G. E.	
STREET ADDRESS	925 W GEORGIA ST, VANCOUVER, BRITISH COLUMB	
CITY - ST - ZIP	CANADA V6C 3L2	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/4/97

Date

770-740-7505

Daytime Phone #

CR2E034 (9/96)