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Mar 24 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 # F95000005451 (8)

1. Corporation Name
RAYONIER PRODUCTS AND FINANCIAL SERVICES COMPANY

Principal Place of Business	Mailing Address
31 SOUTH FOURTH STREET FERNANDINA BEACH FL 32035-0723	31 SOUTH FOURTH STREET FERNANDINA BEACH FL 32034-4218

3. Date Incorporated or Qualified: 11/07/1995
3a. Date of Last Report: 05/01/1996
4. FEI Number: 51-0340389 — 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 24 — Country 25
2a. Mailing Address — 26 — Suite, Apt #, etc. 27 — City & State 28 — Zip 29 — Country 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 ______ (NOTE: Registered Agent signature required when reinstating) DATE ______

12. OFFICERS AND DIRECTORS

Field	Officer/Director	Delete
TITLE	PD	☐ DELETE
NAME	GROSS, RONALD M	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	V	☐ DELETE
NAME	POLLACK, GERALD J	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	T	☐ DELETE
NAME	AUGUSTE, MACDONALD	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	S	☐ DELETE
NAME	CANNING, JOHN B	
STREET ADDRESS	1177 SUMMER STREET	
CITY-ST-ZIP	STAMFORD CT 06905	
TITLE	DV	☐ DELETE
NAME	ERICKSEN, WILLIAM D	
STREET ADDRESS	FOUR NORTH SECOND STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	
TITLE	C	☐ DELETE
NAME	AVERY, JIMMY B	
STREET ADDRESS	FOUR NORTH SECOND STREET	
CITY-ST-ZIP	FERNANDINA BEACH FL 32034	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Field	Entry	Change	Addition
1.1 TITLE		☐ Change	☐ Addition
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE		☐ Change	☐ Addition
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		☐ Change	☐ Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		☐ Change	☐ Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		☐ Change	☐ Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		☐ Change	☐ 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] MACDONALD AUGUSTE — 3/12/97 — 203-348-7000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (9/96)

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