

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005451

FILED
Jul 06, 2004
Secretary of State

Entity Name: RAYONIER PRODUCTS AND FINANCIAL SERVICES COMPANY

Current Principal Place of Business:

1901 ISLAND WALKWAY
FERNANDINA BEACH, FL 32034 US

New Principal Place of Business:

50 NORTH LAURA STREET
SUITE 1900
JACKSONVILLE, FL 32202 US

Current Mailing Address:

1901 ISLAND WALKWAY
FERNANDINA BEACH, FL 32034 US

New Mailing Address:

50 NORTH LAURA STREET
SUITE 1900
JACKSONVILLE, FL 32202 US

FEI Number: 51-0340389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NUTTER, W. LEE
Address: 50 N. LAURA ST. 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: VD () Delete
Name: POLLACK, GERALD J
Address: 50 N. LAURA ST., 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: AUGUSTE, MACDONALD
Address: 50 N. LAURA ST., 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: FRAZIER, W. E III
Address: 50 N. LAURA ST., 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: DV () Delete
Name: ERICKSEN, WILLIAM D
Address: 1901 ISLAND WALKWAY
City-St-Zip: FERNANDINA BEACH, FL 32034

Title: C () Delete
Name: AVERY, JIMMY B
Address: 1901 ISLAND WALKWAY
City-St-Zip: FERNANDINA BEACH, FL 32034

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: W. E. FRAZIER, III

S

07/06/2004

Electronic Signature of Signing Officer or Director

Date

TRACY K. ARTHUR, DIRECTOR & ASST. SECR.
50 N. LAURA STREET
SUITE 1900
JACKSONVILLE, FL 32202

TRACY K.DIRECTOR AND ASSISTANT SECRETARY