2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000005451

Entity Name: RAYONIER PRODUCTS AND FINANCIAL SERVICES COMPANY

FILED Mar 29, 2005 Secretary of State

Current Principal Place of Business:			New Princi	New Principal Place of Business:	
SUITE 1900	LAURA STREE ' 'ILLE, FL 32202				
Current Mailing Address:			New Mailin	New Mailing Address:	
SUITE 1900	LAURA STREE ' 'ILLE, FL 32202				
FEI Number:			FEI Number Not Appli	cable () Certificate of Status Desired ()	
Name and	Address of Cui	rrent Registered Agent:	Name and	Address of New Registered Agent:	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US					
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS					
Title: Name: Address: City-St-Zip:	PD () DO NUTTER, W. LEE 50 N. LAURA ST. 1 JACKSONVILLE, F	19TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VD () De POLLACK, GERAL 50 N. LAURA ST., JACKSONVILLE, F	.D J 19TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T () De AUGUSTE, MACDO 50 N. LAURA ST., JACKSONVILLE, F	ONALD 19TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () De FRAZIER, W. E III 50 N. LAURA ST., JACKSONVILLE, F	19TH FLOOR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	DV () DE ERICKSEN, WILLI 1901 ISLAND WAL FERNANDINA BEA	AM D LKWAY	Title: Name: Address: City-St-Zip:	DAS (X) Change () Addition ARTHUR, TRACY K 1901 ISLAND WALKWAY FERNANDINA BEACH, FL 32034	
Title: Name: Address: City-St-Zip:	C () De AVERY, JIMMY B 1901 ISLAND WAL FERNANDINA BEA	LKWAY	Title: Name: Address: City-St-Zip:	() Change () Addition	

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 SECR 03/29/2005