

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

FILED

May 02 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **F96000003914 (6)**

1. Corporation Name
TUMAC LUMBER CO., INC.



| | |
|---|---|
| Principal Place of Business 529 S.W. THIRD AVENUE, SUITE 600 PORTLAND OR 97204-2540 | Mailing Address 529 S.W. THIRD AVENUE, SUITE 600 PORTLAND OR 97204-2540 |
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|--------------------------------|----|------------------------|--|---|--|---------------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/01/1996 | | 3a. Date of Last Report | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | | 4. FEI Number 93-0474459 | | Applied For Not Applicable | |
| 22 City & State | 27 | 28 City & State | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 23 Zip | 28 | 29 Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Country | 29 | 30 Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | | | |

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 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 | | | |
| | | | | 85 Zip Code FL | | | |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | PCOO <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | BLANCHAT, MICHAEL | 1.2 NAME | MICHAEL R. MURRAY |
| STREET ADDRESS | 529 S.W. THIRD AVENUE, SUITE 600 | 1.3 STREET ADDRESS | 529 S.W. Third Avenue, Suite 600 |
| CITY - ST - ZIP | PORTLAND OR 97204-2540 | 1.4 CITY - ST - ZIP | Portland, OR 97204-2540 |
| TITLE | EV <input checked="" type="checkbox"/> DELETE | 2.1 TITLE | Chairman of Board <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | JOHNSON, KEITH E | 2.2 NAME | Paul N. McCracken |
| STREET ADDRESS | 529 S.W. THIRD AVENUE, SUITE 600 | 2.3 STREET ADDRESS | 529 S.W. Third Avenue, Suite 600 |
| CITY - ST - ZIP | PORTLAND OR 97204-2540 | 2.4 CITY - ST - ZIP | Portland, OR 97204-2540 |
| TITLE | S <input type="checkbox"/> DELETE | 3.1 TITLE | VIRGIL V. MILLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | STOINOFF, MARILLYN M | 3.2 NAME | 529 S.W. Third Avenue, Suite 600 |
| STREET ADDRESS | 529 S.W. THIRD AVENUE, SUITE 600 | 3.3 STREET ADDRESS | Portland, OR 97204-2540 |
| CITY - ST - ZIP | PORTLAND OR 97204-2540 | 3.4 CITY - ST - ZIP | |
| TITLE | D & VP <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | AULDS, JOE H | 4.2 NAME | |
| STREET ADDRESS | 529 S.W. THIRD AVENUE, SUITE 600 | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORTLAND OR 97204-2540 | 4.4 CITY - ST - ZIP | |
| TITLE | XX VP <input checked="" type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | FOSTER, GORDON H | 5.2 NAME | |
| STREET ADDRESS | 529 S.W. THIRD AVENUE, SUITE 600 | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORTLAND OR 97204-2540 | 5.4 CITY - ST - ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GRAY, WILLIAM R III | 6.2 NAME | |
| STREET ADDRESS | 529 S.W. THIRD AVENUE, SUITE 600 | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | PORTLAND OR 97204-2540 | 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: *Marilyn Stoinoff* **RECORDED** Stoinoff, Sec. April 25, 1997 (503) 226-6661
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)