

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

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000005107 (5)

1. Corporation Name  
PRUDENTIAL TIMBER INVESTMENTS, INC.

Principal Place of Business PO BOX 990407 BOSTON MA 02199	Mailing Address PO BOX 990407 BOSTON MA 02199
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/03/1996	
21. Suite, Apt. #, etc.	22. City & State	26. Suite, Apt. #, etc.	27. City & State	4. FEI Number 04-3070429	Applied For Not Applicable
23. Zip	25. Country	28. Zip	29. Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	LORD, JOHN M JR	1.2 NAME	
STREET ADDRESS	109 CHESTNUT STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON MA 02193	1.4 CITY-ST-ZIP	
TITLE	VACD	2.1 TITLE	
NAME	CHARLES, DOUGLAS W	2.2 NAME	
STREET ADDRESS	30 PETERBOROUGH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOSTON MA 02215	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	
NAME	JACKEL, CHRISTINE P	3.2 NAME	
STREET ADDRESS	219 PROSPECT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LITTLE SILVER NJ 07739	3.4 CITY-ST-ZIP	
TITLE	CD	4.1 TITLE	
NAME	STRANGFELD, JOHN R JR	4.2 NAME	
STREET ADDRESS	51 POST LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	BENARDSVILLE NJ 07924	4.4 CITY-ST-ZIP	
TITLE	AS	5.1 TITLE	
NAME	SCHULEVITZ, DEBORAH G	5.2 NAME	
STREET ADDRESS	924 W END AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	5.4 CITY-ST-ZIP	
TITLE	VPAS	6.1 TITLE	
NAME	BLUM, FREDERICK W	6.2 NAME	
STREET ADDRESS	8 ASGAWAM AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	IPSWICH MA	6.4 CITY-ST-ZIP	

14. I 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: *Frederick W. Blum* Frederick W. Blum 5/2/98 617-236-2472

CR2E034 (10/97)