

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90059 037 \*\*\*150.00

**DOCUMENT # F99000003151**

1. Entity Name

**MACMILLAN BLOEDEL (U.S.A.) INC.**

Principal Place of Business

Mailing Address

5895 WINDWARD PARKWAY, SUITE 200  
C/O ANN M. RUOTSALAINEN  
ALPHARETTA GA 30005

5895 WINDWARD PARKWAY, SUITE 200  
C/O ANN M. RUOTSALAINEN  
ALPHARETTA GA 30005-8805

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

*Weyerhaeuser (U.S.A.) INC.*

*Tax Dept. CH2E29 / PO Box 2999*

*Tacoma WA*

*98477-2999*

*USA*



DO NOT WRITE IN THIS SPACE

4. FEI Number

**52-1552443**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANDERSON, ROBERT 925 WEST GEORGIA STREET VANCOUVER, B.C. V6C 3L2	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MYNETT, GEOFFREY E 925 WEST GEORGIA STREET VANCOUVER, B.C. V6C 3L2	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEPHENS, WILLIAM T 925 WEST GEORGIA STREET VANCOUVER, B.C. V6C 3L2	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ERNST, FREDERICK V 4001 CARMICHAEL ROAD, STE 300 MONTGOMERY AL 36106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS ROUTSALAINEN, ANNDERICK M 4001 CARMICHAEL ROAD, STE 300 MONTGOMERY AL 36106	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CRAIG, RUFUS H 4001 CARMICHAEL ROAD, STE 300 MONTGOMERY AL 36106	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director James R. Keller 33663 Weyerhaeuser Ways Federal Way WA 98003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Scott R. Marshall 33663 Weyerhaeuser Ways Federal Way WA 98003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert A. Dowdy 33663 Weyerhaeuser Ways Federal Way WA 98003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Steven R. Rogel 33663 Weyerhaeuser Ways Federal Way WA 98003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Larry W. Pollock 33663 Weyerhaeuser Ways Federal Way WA 98003	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Larry W. Pollock* **Larry W. Pollock** **1-24-00** **253-924-2254**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #