

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 06, 2002 8:00 am**  
**Secretary of State**  
 05-06-2002 90105 021 \*\*\*150.00

**DOCUMENT # F99000003151**

1. Entity Name  
**WEYERHAEUSER (USA) INC.**

**Principal Place of Business**

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

**Mailing Address**

**TAX DEPT CHZE29  
 P O BOX 9777  
 FEDERAL WAY WA 98063-9777**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

**33663 Weyerhaeuser Way S**  
 Suite, Apt. #, etc.

3. Mailing Address

**Tax Dept CH1C28**  
 Suite, Apt. #, etc.  
**PO Box 9777**

City & State

**Federal Way WA**

City & State

**Federal Way WA**

Zip

Country

**98003**

Zip

Country

**98063-9777**

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

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

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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, 2002 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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KELLER, JAMES R 33663 WEYERHAEUSER WY S FEDERAL WAY WA 98003</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D MARSHALL, SCOTT R 33663 WEYERHAEUSER WY S FEDERAL WAY WA 98003</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D DOWDY, ROBERT A 33663 WEYERHAEUSER WY S FEDERAL WAY WA 98003</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P ROGEL, STEVEN R 33663 WEYERHAEUSER WY S FEDERAL WAY WA 98003</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS POLLACK, LARRY W 33663 WEYERHAEUSER WY FEDERAL WAY WA 98003</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP CRAIG, RUFUS H 4001 CARMICHAEL ROAD, STE 300 MONTGOMERY AL 36106</b> <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Richard J. Taggart 33663 Weyerhaeuser Way S Federal Way WA 98003</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S Claire S. Grace 33663 Weyerhaeuser Way S Federal Way WA 98003</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS Vicki A. merrick 33663 Weyerhaeuser Way S Federal Way WA 98003</b> <input type="checkbox"/> Change <input checked="" 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:**

**SIGNATURE RECEIVED**

**4-22-02**

**253-924-2254**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**Larry W. Pollack, Assistant Secretary**

CR2E034 (9/01)