2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H69343

Name:

Address:

City-St-Zip:

GIRARDI, TIMOTHY,

CRESTWOOD, KY

8010 SHADOWCREEK RD

Entity Name: PRIME FOREST PRODUCTS, INC.

FILED Feb 18, 2002 8:00 AM Secretary of State

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Current P	rincipal Place	of Business:	New Principal Place	New Principal Place of Business:	
P.O. BOX	GHWAY 146 68 6E, KY 40031				
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
P.O. BOX	GHWAY 146 68 6E, KY 40031				
FEI Number	: 59-2561438	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address of	Name and Address of New Registered Agent:	
BLDG. A. I BOYNTON The above	e of Florida.	33426 US	ourpose of changing its registere	d office or registered agent, or both,	
3.3		nic Signature of Registered Ag	ent	Date	
Election Car		o satisfy its Intangible Tax filing rec g Trust Fund Contribution (). TORS:		ES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:		Delete NALD,	Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	D () GUDMUNDSSC 114 TRIBAL RO LOUISVILLE, K	DAD	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	TD (Delete	Title:	() 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ORN E. GUDMUNDSSON, SR. DIR 02/18/2002