

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

**FILED**  
**Mar 25, 1999 8:00 am**  
**Secretary of State**

03-25-1999 90002 005 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K90935**

1. Corporation Name  
**TIMBER SPECIALTIES INTERNATIONAL, INC.**

Principal Place of Business  
**980 ELLICOTT ST.  
BUFFALO NY 14209**

Mailing Address  
**980 ELLICOTT ST.  
BUFFALO NY 14209**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/26/1989**

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

4. FEI Number  
**16-1351118**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**HOSFORD, KENNETH L.  
210 OFFICE PLAZA  
TALLAHASSEE FL 32304**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

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 ☐ DELETE

TITLE **PD**  
NAME **SPENGLER, JAMES R. JR.**  
STREET ADDRESS **980 ELLICOTT ST**  
CITY-ST-ZIP **BUFFALO NY 14209**

TITLE **TSOV** ☐ DELETE

NAME **CLARK, JAMES T.**  
STREET ADDRESS **980 ELLICOTT ST**  
CITY-ST-ZIP **BUFFALO NY**

TITLE **VP** ☐ DELETE

NAME **BERBERICH, KARL**  
STREET ADDRESS **980 ELLICOTT DT**  
CITY-ST-ZIP **BUFFALO NY**

TITLE **AS** ☐ DELETE

NAME **HEFTKA, EUGENE**  
STREET ADDRESS **980 ELLICOTT ST**  
CITY-ST-ZIP **BUFFALO NY**

TITLE **VP** ☐ DELETE

NAME **GOERGEN, GREGORY F.**  
STREET ADDRESS **980 ELLICOTT ST**  
CITY-ST-ZIP **BUFFALO NY 14209**

TITLE **AT** ☐ DELETE

NAME **GRACZYK, DARLENE E**  
STREET ADDRESS **980 ELLICOTT STREET**  
CITY-ST-ZIP **BUFFALO NY**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**JAMES T. CLARK**  
**VICE PRESIDENT**

Date

Daytime Phone #

CR2E034 (11/98)