2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001790

Current Principal Place of Business:

MGR

MGR

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THREE FIRST NATIONAL PLAZA, STE 3800

222 MERCHANDISE MART PLAZA, 19TH FL

KIRSCH, WILLIAM S

CHICAGO, IL 60654

MCDOUGALL, DUANE C

LAKE OSWEGO, OR 97034

876 NORTHSHORE RD

SOULELES, THOMAS S

CHICAGO, IL 60602

Title:

Title:

Title:

Name:

Address:

City-St-Zip:

Name:

Address: City-St-Zip:

Name:

Address:

City-St-Zip:

Entity Name: BOISE CASCADE HOLDINGS, L.L.C.

FILED Mar 23, 2009 Secretary of State

New Principal Place of Business:

| 1111 WEST JEFFERSON ST., STE 200 BOISE, ID 83702 | | | | | |
|--|--|----------------------------|---|---|--|
| Current Mailing Address: | | | New Mailing Addres | ss: | |
| 1111 WEST JEFFERSON ST., STE 200 BOISE, ID 83702 | | | | | |
| FEI Number: | 20-1478587 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address | Name and Address of New Registered Agent: | |
| C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US | | | | | |
| 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: | | | | | |
| Electronic Signature of Registered Age | | | t | Date | |
| MANAGING MEMBERS/MANAGERS: | | | ADDITIONS/CHANGES: | | |
| Title: Name: Address: City-St-Zip: | ALSIKAFI, ZÀID | NATIONAL PLAZA, STE 3800 | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | MGR () BROAD, MATTH 263 SHUMAN B NAPERVILLE, II | LVD. | Title: Name: Address: City-St-Zip: | () Change () Addition | |
| Title: Name: Address: City-St-Zip: | BROWN, HANK | NATIONAL PLAZA, STE 3800 | Title: Name: Address: City-St-Zip: | () Change () Addition | |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Title:

Title:

Name:

Title:

Name:

Address:

City-St-Zip:

Address:

City-St-Zip:

Name:

Address:

City-St-Zip:

() Change () Addition

() Change () Addition

() Change () Addition

SIGNATURE: BERNADETTE M. MADARIETA VP 03/23/2009