## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000003801

Entity Name: TREATED WOOD COUNCIL, INC.

FILED Jan 12, 2009 Secretary of State

Current Principal Place of Business:	New Principal Place of Business:
--------------------------------------	----------------------------------

1111 19TH ST N W 1111 19TH ST NW STE. 800 STE. 800

WASHINGTON, DC 20036 WASHINGTON, DC 20036

Current Mailing Address: New Mailing Address:

1111 19TH ST N W 1111 19TH ST NW STE. 800 STE. 800

WASHINGTON, DC 20036 WASHINGTON, DC 20036

FEI Number: 59-3733840 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KOZAK, JOHN J ESQ. 2639 DR MLK JR. STREET N ST PETERSBURG, FL 33704 US

**OFFICERS AND DIRECTORS:** 

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 Agent Date

## Electronic Signature of Registered At

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

itle: C ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 JONES, BERT
 Name:

 Address:
 P.O. BOX 560
 Address:

 City-St-Zip:
 SIMSBORO, LA 71275
 City-St-Zip:

Title: P ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 MILLER, JEFFREY T
 Name:

 Address:
 1111 19TH ST. NW, STE. 800
 Address:

 City-St-Zip:
 WASHINGTON, DC 20036
 City-St-Zip:

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition

 Name:
 BRODIE, FURMAN
 Name:
 KUSAR, JOE

 Address:
 4930 PLANER RD.
 Address:
 PO BOX 608

 City-St-Zip:
 EFFINGHAM, SC 29541
 City-St-Zip:
 PERRY, GA 31069

Title: VP ( ) Delete Title: VP (X) Change ( ) Addition Name: GRUBER, BOB Name: FITZGERALD, TOM

Address: 1955 LAKE PARK DR. Address: ONE WOODLAWN GREEN, STE 250

City-St-Zip: SMYRNA, GA 30080 City-St-Zip: CHARLOTTE, NC 28217

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEFFREY T. MILLER P 01/12/2009