SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P02568** **(4)**

1. Corporation Name
ALUMNI FOREST PRODUCTS, INC.

Principal Place of Business	Mailing Address
5401 KENDALL STREET **P.O. BOX 67** **BOISE ID 83707**	**5401 KENDALL STREET** **P.O. BOX 67** **BOISE ID 83707**

3. Date Incorporated or Qualified: **06/29/1984**
3a. Date of Last Report: **02/21/1995**

2. Principal Place of Business
21:
22 Suite, Apt. #, etc:
23 City & State:
24 Zip:
25 Country:

2a. Mailing Address
26:
27 Suite, Apt. #, etc:
28 City & State:
29 Zip:
30 Country:

4. FEI Number: **82-0330402** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 new registered agent, and title, if applicable (NOTE: Registered Agent's signature required when new address.) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, LARRY D.		1.2 NAME		
STREET ADDRESS	5401 KENDALL STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	RUDD, BRYANT		2.2 NAME		
STREET ADDRESS	5401 KENDALL STREET		2.3 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, PAUL		3.2 NAME		
STREET ADDRESS	5401 KENDALL STREET		3.3 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, MARIANNE		4.2 NAME		
STREET ADDRESS	5401 KENDALL STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, DELBERT		5.2 NAME		
STREET ADDRESS	5401 KENDALL STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	BOISE ID		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an a

SIGNATURE: Bryant P. Rudd **Bryant P. Rudd** **Vice President** 6-10-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #