2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 04, 2005
Secretary of State

DOCUMENT# P02568

Entity Name: ALUMNI FOREST PRODUCTS, INC.

Current Principal Place of Business:

1299 N. ORCHARD
SUITE 300
BOISE, ID 83706

New Principal Place of Business:

Current Mailing Address:

1299 N. ORCHARD
SUITE 300
BOISE, ID 83706

New Mailing Address:

FEI Number: 82-0330402 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JOHNSON, MICHAEL
386 NW FELT WAY
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WILLIAMS, LARRY
Address: PO BOX 67
City-St-Zip: BOISE, ID 83706

Title: SD ( ) Delete
Name: RUDD, BRYANT
Address: PO BOX 67
City-St-Zip: BOISE, ID 83706

Title: T ( ) Delete
Name: ANDERSON, PAUL
Address: PO BOX 67
City-St-Zip: BOISE, ID 83706

Title: D ( ) Delete
Name: WILLIAMS, MARIANNE
Address: PO BOX 67
City-St-Zip: BOISE, ID 83706

Title: D ( ) Delete
Name: ELLIS, TED
Address: PO BOX 67
City-St-Zip: BOISE, ID 83706

Title: D ( ) Delete
Name: BEVERAGE, JACK
Address: PO BOX 67
City-St-Zip: BOISE, ID 83706

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: BRYANT RUDD S 01/04/2005

Electronic Signature of Signing Officer or Director — Date