FILE	NOW: FILING FEE A	AFTER MAY 1	S \$22	5.00		
PROFIT FLORIDA DEPARTMENT OF S				STATE		
	CORPORATION ANNUAL REPORT Secretary of State Secret					
	19965 - 1-91	3 1 al c7	CORPOBAT	MAN .		
DOCUN 1. Corporation	MENT # P0796	7 (3)				
RAYO	NIER FOREST RESOURCES	COMPANY			1 (1854:06) 117 (1811) (1801) (1801)	alani 1601 alahi sibil alahi alahi alah sibil (ash
Principal Place of Business Mailing Address						
TAX DEPT. TAX DEPT. 1177 SUMMER STREET 1177 SUMMER STREET						
STAMFORD CT 06905-5529 STAMFORD CT 06905-5529 US US					Date Incorporated or Qualified	3a. Date of Last Report
**					3. Date incorporated or Qualified 11/01/1985	
2. Principal Place 21	ce of Business	2e. Mailing Address			4. FEI Number 06-1148576	Applied For Not Applicable
Suite, Apt. #	Apt. #, etc. Suite, Apt. #, etc.			····	5. Certificate of Status Desired	\$8.75 Additional
22 City & State	& State City & State				6. Election Campaign Financing	\$5.00 May Be
23		28			Trust Fund Contribution	Added to Fees
Zip 24	Country 25	Zip 29	Coun 30	iry	8. This corporation has liability for Florida Statutes	r intangible tax under s. 199.032, es. □ No
	9. Name and Address of Current	Registered Agent		Name	10. Name and Address of New	Registered Agent
CT CORPORATION SYSTEM					Address (P.O. Box Number is Not Accepta	able)
	S. PINE ISLAND ROAD		83		Address (F.O. Dox Number to Not Addepte	3000
PLANTATION FL 33324						
				City		FL 85 Zip Code
 Pursuant to or registere 	o the provisions of Sections 607.0502 a ad agent, or both, in the State of Florida	ind 607,1508, Florida Statute i. Such change was authorizi	es, the aboved ed by the co	e-named or irporation's	orporation submits this statement for the p board of directors. I hereby accept the ap	ourpose of changing its registered office oppointment as registered agent. I am
tamiliar witi SIGNATURE	h, and accept the obligations of, Section	n 607.0505, Florida Statutes	•			
			*E Registered A	gent signature i	required when reinstaling) ADDITIONS/CHANGES TO OF	DATE FFICERS AND DIRECTORS IN 12
TITLE	PD GROSS, RONALD M.	☐ DELETE	1. 1 TIT	L F		☐ Change ☐ Addition
NAME STREET ADORESS	925 WESTOVER ROAD		1.2 NAM 1.3 STR	Æ EET ADDRESS		
CITY-ST-ZIP	STAMFORD CT		1	r-St-ZIP	A A A A A A A A A A A A A A A A A A A	
TITLE NAME	SVP BERRY, WILLIAM S.	☐ DELETE	2. 1 TH 2.2 NAM			Change Addition
STREET ADDRESS	52 MARSH ROAD			LET ADDRESS		
CITY-ST-ZIP TITLE	EASTON CT	DELETE	24 CIT 3 1 DI	Y-\$1-ZIP		☐ Change ☐ Addition
NAME	AUGUSTE, MACDONALD	_ section	3.2 NAI			em
STREET ADDRESS	1307 OLD COUNTRY RD. ELMSFORD NY			REFT ADDRESS		
CITY-ST-ZIP TITLE	s	DELETE	4. 1 TII	Y-ST-ZIP LE		Change Addition
NAME DISCULLED DOSGO	CANNING, JOHN B. 9 MORTAR ROCK ROAD		4.2 NAI			
STREET ADORESS City-St-Zip	WESTPORT CT			ieet address Y-St-Zip		
TITLE	SVPC POLLACK, GERALD J	[] DELFTE	5 1 TIT	LF	Syrcfo	☐ Change ☐ Addition
NAME STREET ADDRESS	1177 SUMMER STREET		5 2 NAI 5 3 STE	ME Reet address		
CITY-S1-ZIP	STAMFORD CT	FTI DELETE		Y-ST-ZIP	W00	Change Addition
TITLE NAME	JANETTE, KENNETH P	☐ DELETE	6.2 NA		VPC	☐ outlings ☐ Xordinou
STREET ADDRESS	1177 SUMMER STREET STAMFORD CT			REET ADDRESS		
CITY-S1-ZIP 14. Ldo hereb		ith this filing is voluntarily (A r	6.4 Cit hished and c	Y-ST-ZIP Joes not qu	Lialify for the exemption stated in Section 1	19.07(3)(k), Florida Statutes. I further
certify that oath; that	the information indicated on this annual lam an officer or director of the corporal Richard Richard Corporal Richard Richard Corporal Richard Richard Richard Corporal Richard Richard Richard Richard Richard Richard Richard Richard Richard Richa	al report or supplemental info ation or the leopider or truste	nual report is se empower ress	true and a ed to execu	ocurate and that my signature shall have t ute this report as required by Chapter 607,	he same legal effect as if made under Florida Statutes; and that my name
14. I do hereby certify that the information supplied with this fiting is voluntarily (n ished 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 vaport or supplemental innual 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 of the Northern or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Blook 13 if cft at god for on all attachment with an address.						
SIGNATURE: NUMBER OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4 19 19 Date Destruction						