

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90293 008 \*\*\*900.00

DOCUMENT # P07967

1. Corporation Name

RAYONIER FOREST RESOURCES COMPANY

Principal Place of Business

TAX DEPT.  
1177 SUMMER STREET  
STAMFORD CT 06905-5529  
US

Mailing Address

TAX DEPT.  
1177 SUMMER STREET  
STAMFORD CT 06905-5529  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/01/1985

4. FEI Number

06-1148576

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

25

29 Zip Country

30

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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                    |  |
|----------------|--------------------|--|
| TITLE          | PD                 | <input type="checkbox"/> DELETE            |
| NAME           | GROSS, RONALD M.   |  |
| STREET ADDRESS | 925 WESTOVER ROAD  |  |
| CITY-ST-ZIP    | STAMFORD CT        |  |
| TITLE          | SVP                | <input type="checkbox"/> DELETE            |
| NAME           | BERRY, WILLIAM S.  |  |
| STREET ADDRESS | 52 MARSH ROAD      |  |
| CITY-ST-ZIP    | EASTON CT          |  |
| TITLE          | T                  | <input type="checkbox"/> DELETE            |
| NAME           | AUGUSTE, MACDONALD |  |
| STREET ADDRESS | 230 MOORE ST.      |  |
| CITY-ST-ZIP    | HASRTSDALE NY      |  |
| TITLE          | S                  | <input type="checkbox"/> DELETE            |
| NAME           | CANNING, JOHN B.   |  |
| STREET ADDRESS | 9 MORTAR ROCK ROAD |  |
| CITY-ST-ZIP    | WESTPORT CT        |  |
| TITLE          | SVP                | <input type="checkbox"/> DELETE            |
| NAME           | POLLACK, GERALD J  |  |
| STREET ADDRESS | 1177 SUMMER STREET |  |
| CITY-ST-ZIP    | STAMFORD CT        |  |
| TITLE          | VPC                | <input checked="" type="checkbox"/> DELETE |
| NAME           | JANETTE, KENNETH P |  |
| STREET ADDRESS | 1177 SUMMER STREET |  |
| CITY-ST-ZIP    | STAMFORD CT        |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                    |  |
|--------------------|--------------------|--|
| 1.1 TITLE          | D                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |                    |  |
| 1.3 STREET ADDRESS |                    |  |
| 1.4 CITY-ST-ZIP    |                    |  |
| 2.1 TITLE          | V                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |                    |  |
| 2.3 STREET ADDRESS |                    |  |
| 2.4 CITY-ST-ZIP    |                    |  |
| 3.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME           |                    |  |
| 3.3 STREET ADDRESS |                    |  |
| 3.4 CITY-ST-ZIP    |                    |  |
| 4.1 TITLE          |                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                    |  |
| 4.3 STREET ADDRESS |                    |  |
| 4.4 CITY-ST-ZIP    |                    |  |
| 5.1 TITLE          | V                  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |                    |  |
| 5.3 STREET ADDRESS |                    |  |
| 5.4 CITY-ST-ZIP    |                    |  |
| 6.1 TITLE          | PD                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME           | NUTTER, W. LEE     |  |
| 6.3 STREET ADDRESS | 1177 Summer Street |  |
| 6.4 CITY-ST-ZIP    | Stamford CT        |  |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-99

Date

203-348-7000

Daytime Phone #

CR2E034 (1/98)