

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2001 8:00 am
Secretary of State**

04-26-2001 90149 023 ***150.00

DOCUMENT # P07967

1. Entity Name

RAYONIER FOREST RESOURCES COMPANY

Principal Place of Business

Mailing Address

**TAX DEPT.
1177 SUMMER STREET
STAMFORD CT 06905-5529
US****TAX DEPT.
1177 SUMMER STREET
STAMFORD CT 06905-5529
US**2. Principal Place of Business
Law Dept.3. Mailing Address
Law Dept.Suite, Apt. #, etc.
50 N. Laura St., 19th Fl.Suite, Apt. #, etc.
50 N. Laura St., 19th Fl.City & State
Jacksonville, FLCity & State
Jacksonville, FLZip Country
32202 USAZip Country
32202 USA4. FEI Number **06-1148576**Applied For
Not Applicable5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so. ☐
(See criteria on back)**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **D** ☒ Delete
NAME **GROSS, RONALD M.**
STREET ADDRESS **925 WESTOVER ROAD**
CITY-ST-ZIP **STAMFORD CT**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE **V** ☐ Delete
NAME **BERRY, WILLIAM S.**
STREET ADDRESS **52 MARSH ROAD**
CITY-ST-ZIP **EASTON CT**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 N. Laura St., 19th Fl., Jacksonville**
CITY-ST-ZIP **FL 32202**TITLE **T** ☐ Delete
NAME **AUGUSTE, MACDONALD**
STREET ADDRESS **230 MOORE ST.**
CITY-ST-ZIP **HASRTSDALE NY**TITLE ☒ Change ☒ Addition
NAME
STREET ADDRESS **50 N. Laura St., 19th Fl.**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE **S** ☒ Delete
NAME **CANNING, JOHN B.**
STREET ADDRESS **9 MORTAR ROCK ROAD**
CITY-ST-ZIP **WESTPORT CT**TITLE ☒ Change ☐ Addition
NAME **Secretary**
STREET ADDRESS **W. Edwin Frazier, III**
CITY-ST-ZIP **50 N. Laura St., 19th Fl., Jacksonville**
FL 32202TITLE **V** ☐ Delete
NAME **POLLACK, GERALD J**
STREET ADDRESS **1177 SUMMER STREET**
CITY-ST-ZIP **STAMFORD CT**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 N. Laura St., 19th Fl.**
CITY-ST-ZIP **Jacksonville, FL 32202**TITLE **PD** ☐ Delete
NAME **NUTTER, W. LEE**
STREET ADDRESS **1177 SUMMER STREET**
CITY-ST-ZIP **STAMFORD CT**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **50 N. Laura St., 19th Fl.**
CITY-ST-ZIP **Jacksonville, FL 32202**

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **W. Edwin Frazier, III, Sec.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)