

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P07967

FILED
Apr 16, 2003
Secretary of State

Entity Name: RAYONIER FOREST RESOURCES COMPANY

Current Principal Place of Business:

TAX DEPT.
50 E LAURA STREET 19TH FLOOR
JACKSONVILLE, FL 32202 US

New Principal Place of Business:

Current Mailing Address:

TAX DEPT.
50 E LAURA STREET 19TH FLOOR
JACKSONVILLE, FL 32202 US

New Mailing Address:

FEI Number: 06-1148576

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION, FL 33324 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: DV () Delete
Name: BERRY, WILLIAM S.,
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: T () Delete
Name: AUGUSTE, MACDONALD,
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: S () Delete
Name: FRAZIER, W EDWIN III
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: DV () Delete
Name: POLLACK, GERALD J
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD () Delete
Name: NUTTER, W. LEE
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: BRANNON, TIMOTHY H.
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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

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

Title: D (X) Change () Addition
Name: POLLACK, GERALD J
Address: 50 N LAURA STREET 19TH FLOOR
City-St-Zip: JACKSONVILLE, FL 32202

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

Title: V () Change (X) Addition
Name: ERICKSEN, WILLIAM D
Address: 50 NORTH LAURA STREET, SUITE 1900
City-St-Zip: JACKSONVILLE, FL 32202

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: W. EDWIN FRAZIER, III

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04/16/2003

Electronic Signature of Signing Officer or Director

Date