

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

FILED

May 22 1997 8:00am  
Secretary of State

PROFIT\*  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P14823 (9)

1. Corporation Name  
TJ INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

200 E. MALLARD  
BOISE ID 83706  
US

P.O. BOX 65  
BOISE ID 83707-0065  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

06/12/1987

3a. Date of Last Report

04/30/1996

4. FEI Number

82-0250992

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH 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	PCD	<input type="checkbox"/> DELETE
NAME	DENIG, THOMAS H.	
STREET ADDRESS	200 E. MALLARD DR.	
CITY-ST-ZIP	BOISE ID	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	DRURY, RICHARD B.	
STREET ADDRESS	200 E. MALLARD DR.	
CITY-ST-ZIP	BOISE ID	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHITE, WILLIAM J.	
STREET ADDRESS	5215 OLD SKOKIE RD.	
CITY-ST-ZIP	SKOKIE IL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WHEELWRIGHT, STEVEN C.	
STREET ADDRESS	107 RUTLEDGE RD	
CITY-ST-ZIP	BELMONT MA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OLSON, JODY B.	
STREET ADDRESS	200 E. MALLARD DR.	
CITY-ST-ZIP	BOISE ID	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	HEUSINKVELD, VALERI, A	
STREET ADDRESS	200 E MALLARD DR	
CITY-ST-ZIP	BOISE ID	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Robert B. Findlay	
1.3 STREET ADDRESS	925 W. Georgia Place	
1.4 CITY-ST-ZIP	Vancouver, B.C. V6C 3L2	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerre L. Stead	
2.3 STREET ADDRESS	1600 E. St. Andrew Place	
2.4 CITY-ST-ZIP	Santa Ana, CA 92705	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	J. L. Scott	
3.3 STREET ADDRESS	P.O. Box 80267 (N/A)	
3.4 CITY-ST-ZIP	Las Vegas, NV 89103	
4.1 TITLE	D C	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Harold E. Thomas	
4.3 STREET ADDRESS	200 E. Mallard Drive	
4.4 CITY-ST-ZIP	Boise, ID 83706	
5.1 TITLE	D. Robert Tullis	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	J. Robert Tullis	
5.3 STREET ADDRESS	680 S. Clearwater Lane	
5.4 CITY-ST-ZIP	Boise, ID 83702	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Arthur L. Troutner	
6.3 STREET ADDRESS	200 E. Mallard Drive	
6.4 CITY-ST-ZIP	Boise, ID 83706	

14. I do 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.

SIGNATURE:

*Richard B. Denig* SECRETARY/TREASURER 3-7-97 204-864-3322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)