	•				ALLKUA	En	
~ FILE	NOW: FILING FEE AI	FTER MAY 1ST IS	\$550 00		AND		
		1211 11111 101 10	Ψυσυυσ		+ ILEU		
PROFIT FLORIDA DEPARTMENT O			MENT OF STATE	98 NOV -1, PM 2: 22			
	AL REPORT	Sandra B.		9	R WAA - # ()	1 5. 5.	
		Secretary			ECRETARY U	FSTATE	
	1998	DIVISION OF CO	DRPORATIONS	TA	CLAHASSEE.	FLORIDA	
DOCLIN	AENT # D14000	(0)	4 4	- 1	EEPHINGE.		
1. Corporation	MENT # P14823	i (9)					
TJ INTE	RNATIONAL, INC.						
				·			
Principal Place	of Business	Mailing Address				- - 	
200 E. MALLARD		P.O. BOX 65				• •	
		BOISE ID 83707	BOISE ID 83707 US		DO NOT WRITE IN THIS SPACE		
					Date Incorporated or Qualified		
				06/12/1987	o Coallied		
2. Principal Place of Business 2a. Mailing Address				4, FEI Number	4. FEI Number Applied For		
21		26		82-0250992		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt, #, etc.			Desired	\$8.75 Additional	
22				5, Certificate of Status	· · · · · · · · · · · · · · · · · · ·	- Fee Required	
23				6. Election Campaign F Trust Fund Contribut		\$5.00 May Be	
Zip	Country	Zip	Country	8. This corporation owe		Added to Fees	
24	25	29 3	10	Personal Property Ta		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address	of New Registered	Agent	
	CORPORATION SYSTEM 0 SOUTH PINE ISLAND ROAD		81 Name				
	NTATION FL 33324		82 Street	Address (P.O. Box Number is N			
			83	• •	<u> 99269</u>	16242	
			_		-11/10/98		
			84 City		****55U- FI	1-1-1-1-1-1-1	
11. Pursuant to	o the provisions of Sections 607.0502 egistered agent, or both, in the State of familiar with, and accept the obligat	and 607.1508, Florida Statutes	the above named	corporation submits this statem	ent for the purpose	of changing its registered	
agent. I an	n familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statutes.	JOIAMON'S DOALD OF CHECKORS, 1 (1)	егеру ассерт гле ар	pointment as registered	
SIGNATURE	Signature, typed or printed name of registered agent					<u> </u>	
12.	OFFICERS AND		13.	required when reinstating) ADDITIONS/CHANGE	DATE	D DIRECTORS IN 12	
TITLE	PCD	☐ DELETE	1.1 TITLE			Change X Addition	
NAME	DENIG, THOMAS H.		1.2 NAME	Robert B. Findl 925 W. Georgia Vancouver, BC V	ay Place		
STREET ADDRESS	200 E. MALLARD DR. BOISE ID		1.3 STREET ADDRESS	Vancouver, BC V	6C 3L2		
CITY-ST-ZIP	SI SI		1,4 CITY-ST-ZIP				
TITLE NAME	DRURY, RICHARD B.	☐ DELETE	2.1 TIRE	ם ב		Change 🔁 Addition	
STREET ADDRESS	200 E. MALLARD DR.		2,2 NAME	Jeone L. Stead Santa Ana, CA	rew_Place		
CITY-ST-ZIP	BOISE ID		2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Santa Ama, CA-9	2705		
TITLE	U	DELETE	3,1 TITLE	D		Change X Addition	
NAME	WHITE WULAND 268-	1 <u>5</u> 242	3,2 NAME	J.L. Scott			
STREET ADDRESS	5215 OLD SKOKIE RD 798 SKOKIE IL ****27.50	-01071002 *****27.50	3.3 STREET ADDRESS	P. O. Box 80277		. Mallard Dr.	
CITY-ST-ZIP	SKOKIE IL *****27.55		3 4. CITY-ST-ZIP	Las Vegas, NV 8	7103 - Boise		
TITLE	WHEELWRIGHT, STEVEN C.	L_ DELETE	4.1 TITLE	DC Harold E. Thomas		Change X Addition	
NAME STREET ADDRESS	107 RUTLEDGE RD	•	4, 2 NAME	200 E. Mallard 6	5 Or		
CITY-ST-ZIP	BELMONT MA		4.3 STREET ADDRESS	Boise; 10-83706	J		
TITLE	VP	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	D		Change A Addition	
NAME	OLSON, JODY B.		5.2 NAME	Arthur L. Trouts	ner	- stange - Adamen	
STREET ADDRESS	200 E. MALLARD DR.		5 3 STREET ADDRESS	200 E. Mallard I		l	
CITY-ST-ZIP	BOISE ID		5 4 CITY-ST-ZIP	Boise TD 83706			
TITLE	ALI ISINIANEI D. AVI EDI. V	DELETE	6.1 TITLE	D	1	Change X Addition	
NAME STREET ADDRESS	HEUSINKVELD, VALERI, , A 200 E MALLARD DR		6.2 NAME	Joyce A. Godwin		161	
STREET ADDRESS CITY-ST-ZIP	BOISE ID		6.3 STREET ADDRESS	904 Brazos Place	e, SE	ta, 1110	
14. Thereby co		h this filing does not qualify for	file exemption state	Albuquerque, NM.	87123	ertify that the information	
14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.3. (No. 1). Flohida 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 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							
nigicated (on this annual report of supplemental	annual report is true and accur	rate and that my sig	nature shall have the same lega	i affact as if made u	nder oath, that I am an I	
nigicated (on tois abbita) report of subblemental	annual report is true and accur	rate and that my sig	nature shall have the same lega	i affact as if made u	nder oath, that I am an I	