

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 05, 1999 8:00 am
Secretary of State

05-05-1999 90002 026 ***150.00

DOCUMENT # **P14823**

1. Corporation Name

TJ INTERNATIONAL, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
200 E. MALLARD
BOISE ID 83706
US

Mailing Address
P.O. BOX 65
BOISE ID 83707
US

3. Date Incorporated or Qualified

06/12/1987

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

82-0250992

Applied For

Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

23 Zip Country

28 Zip Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 agent 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **PCD**
STREET ADDRESS **DENIG, THOMAS H.**
CITY-ST-ZIP **200 E. MALLARD DR.**
BOISE ID

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **D**
1.3 STREET ADDRESS **Jerre L. Stead**
1.4 CITY-ST-ZIP **1600 E. St. Andrew Place**
Santa Ana, CA 92705

TITLE ☐ DELETE
NAME **ST**
STREET ADDRESS **DRURY, RICHARD B.**
CITY-ST-ZIP **200 E. MALLARD DR.**
BOISE ID

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **J. L. Scott**
2.4 CITY-ST-ZIP **5201 S. Torrey Pines Dr. # 1216**
Las Vegas, NV 89118

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WHITE, WILLIAM J.**
CITY-ST-ZIP **5215 OLD SKOKIE RD.**
SKOKIE IL

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D, C.**
3.3 STREET ADDRESS **Harold F. Thomas**
3.4 CITY-ST-ZIP **200 E. Mallard Dr.**
Boise, ID 83706

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **WHEELWRIGHT, STEVEN C.**
CITY-ST-ZIP **107 RUTLEDGE RD**
BELMONT MA

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Joyce A. Godwin**
4.4 CITY-ST-ZIP **904 Brazos Place, SE**
Albuquerque, NM 87123

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **OLSON, JODY B.**
CITY-ST-ZIP **200 E. MALLARD DR.**
BOISE ID

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **D**
5.3 STREET ADDRESS **Richard L. King**
5.4 CITY-ST-ZIP **250 E. Parkcenter Blvd.**
Boise, ID 83706

TITLE ☐ DELETE
NAME **VP**
STREET ADDRESS **HEUSINKVELD, VALERI, A**
CITY-ST-ZIP **200 E MALLARD DR**
BOISE ID

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Richard B. Stead

4-20-99

208-364-1200

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)