

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F13000003051

Entity Name: RAYONIER ATLANTIC TIMBER COMPANY**Current Principal Place of Business:**225 WATER STREET, SUITE 1400
JACKSONVILLE, FL 32202**Current Mailing Address:**225 WATER STREET, SUITE 1400
JACKSONVILLE, FL 32202 US**FEI Number: NOT APPLICABLE****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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**Officer/Director Detail :**

Title	PRESIDENT, DIRECTOR
Name	NUNES, DAVID L.
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY
Name	BRIDWELL, MARK R.
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

Title	TREASURER
Name	FRICKE, ANDREW K.
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

Title	ASSISTANT SECRETARY
Name	DAVIS, LAURA L.
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	BRIDWELL, MARK R.
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	LONG, DOUGLAS M.
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	MCHUGH, MARK
Address	225 WATER STREET, SUITE 1400
City-State-Zip:	JACKSONVILLE FL 32202

I hereby 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 all other like empowered.

SIGNATURE: LAURA L. DAVIS**ASSISTANT SECRETARY 03/16/2016**_____
Electronic Signature of Signing Officer/Director Detail_____
Date