2015 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: 46-3029247 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

FILED Apr 23, 2015

Secretary of State

CC2848999704

Date

Officer/Director Detail:

Title PRESIDENT, DIRECTOR Title VP

Name NUNES, DAVID L. Name WINER, SCOTT D.

Address 225 WATER STREET, SUITE 1400 Address 225 WATER STREET, SUITE 1400

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title SECRETARY Title TREASURER

Name VAN TUYL, CHRISTOPHER A. Name FRICKE, ANDREW K.

Address 225 WATER STREET, SUITE 1400 Address 225 WATER STREET, SUITE 1400

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title ASSISTANT SECRETARY Title DIRECTOR

Name DAVIS, LAURA L. Name BRIDWELL, MARK R.

Address 225 WATER STREET, SUITE 1400 Address 225 WATER STREET, SUITE 1400

City-State-Zip: JACKSONVILLE FL 32202 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

Name LONG, DOUGLAS M. Name MCHUGH, MARK

Address 225 WATER STREET, SUITE 1400 Address 225 WATER STREET, SUITE 1400

City-State-Zip: JACKSONVILLE FL 32202 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 04/23/2015

Electronic Signature of Signing Officer/Director Detail