

**ANNUAL REPORT  
1995**



**Division of Corporations  
Secretary of State**

**FILED**

**95 APR 11 PM 2:25**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # F9200000631 (3)**

**1. Corporation Name  
HOLMAN CONTRACT WAREHOUSING, INC.**

**Principal Place of Business      Mailing Address**  
**2300 SE BETA STREET      2300 SE BETA STREET**  
**MILWAUKIE OR 97222      MILWAUKIE OR 97222**

DO NOT WRITE IN THIS SPACE.

**3. Date Incorporated or Qualified      3a. Date of Last Report**  
**11/30/1992      05/01/1994**

<b>21. Principal Place of Business</b>	<b>2a. Mailing Address</b>	<b>4. FEI Number</b>	<b>Applied For</b>
<b>21</b>	<b>2a</b>	<b>93-1027669</b>	<b>Not Applicable</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<b>5. Certificate of Status Desired</b>	<b>\$0.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	<input type="checkbox"/>	
City & State	City & State	<b>6. Election Campaign Financing Trust Fund Contribution</b>	<b>\$5.00 May Be Added to Fees</b>
<b>23</b>	<b>28</b>	<input type="checkbox"/>	
Zip	Country	<b>7. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>24</b>	<b>25</b>	<b>29</b>	<b>30</b>

<b>9. Name and Address of Current Registered Agent</b>	<b>10. Name and Address of New Registered Agent</b>
<b>LANG, RICH IMESON INDUSTRIAL PARK 10543 CANADA DR. JACKSONVILLE FL 32218</b>	<b>81 Name</b>
	<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>
	<b>83</b>
	<b>84 City</b>
	<b>85 Zip Code</b>
	<b>FL</b>

**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 re-registering      DATE \_\_\_\_\_

<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>	
<b>TITLE</b>	<b>CP</b>	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>DOWNIE, ROBERT JR</b>	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>13445 NE 27TH PLACE</b>	<b>1.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>BELLEVUE WA 98005</b>	<b>1.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>DST</b>	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>HARRINGTON, ROBERT</b>	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>7950 SW NORTHVALE WAY</b>	<b>2.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>PORTLAND OR 97225</b>	<b>2.4 CITY - ST - ZIP</b>	
<b>TITLE</b>	<b>VD</b>	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	<b>GEORGE, PETER</b>	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	<b>4445 KENTHORPE WAY</b>	<b>3.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>	<b>WEST LINN OR 97068</b>	<b>3.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>4.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>4.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>4.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>4.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>5.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>5.4 CITY - ST - ZIP</b>	
<b>TITLE</b>		<b>6.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>6.2 NAME</b>	
<b>STREET ADDRESS</b>		<b>6.3 STREET ADDRESS</b>	
<b>CITY - ST - ZIP</b>		<b>6.4 CITY - ST - ZIP</b>	

**14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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:** *Robert B. Harrington*      **Robert B. Harrington**      **3/12/95**      **503-652-1912**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Title      Daytime Phone #