


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F92000000631
 1. Entity 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



01092004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
 93-1027669 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 PORTER, NEIL
 600 WHITTAKER RD
 JACKSONVILLE, FL 32218

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	CP
NAME	DOWNIE, ROBERT JR
STREET ADDRESS	12821 N.E. 61ST AVE.
CITY-ST-ZIP	KIRKLAND, WA 98033
TITLE	DST
NAME	HARRINGTON, ROBERT
STREET ADDRESS	7950 SW NORTHVALE WAY
CITY-ST-ZIP	PORTLAND, OR 97225
TITLE	VD
NAME	GEORGE, PETER
STREET ADDRESS	4445 KENTHORPE WAY
CITY-ST-ZIP	WEST LINN, OR 97068
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000007332
 01/20/04-80020-013 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. Harrington Robert B. Harrington 1/9/04 503-652-1912
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #