

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 01 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # F92000000631 (3)
 1. Corporation Name
HOLMAN CONTRACT WAREHOUSING, INC.



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|--|---|
| Principal Place of Business 2300 SE BETA STREET MILWAUKIE OR 97222 | Mailing Address 2300 SE BETA STREET MILWAUKIE OR 97222-7330 |
|--|---|

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|--------------------------------|----|---------------------|----|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 11/30/1992 | 3a. Date of Last Report 05/01/1996 |
| 21 | 22 | 23 | 24 | 25 | 26 |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number 93-1027669 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | | Zip | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|--|--|-----------|----|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| LANG, RICH 600 WHITTAKER ROAD 10543 CANADA DR. JACKSONVILLE FL 32218 | | | | 81 | Name | | |
| | | | | 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| | | | | 83 | | | |
| | | | | 84 | City | FL | 85 |

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

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

14. I do 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.

SIGNATURE: *Robert P. Harrington* | *CP/D Downie & Harrington* 4/22/97 503-652-1912

CR2E034 (9/96)