

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F92000000631

1. Entity Name

HOLMAN CONTRACT WAREHOUSING, INC.

FILED
Mar 27, 2000 8:00 am
Secretary of State

03-27-2000 90109 021 ***150.00

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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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 93-1027669	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

PORTER, NEIL
 600 WHITTAKER RD
 JACKSONVILLE FL 32218

Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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.

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

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert B. Harrington Robert B. Harrington 3/22/00 503-652-1912
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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