2000 UNIFORM BUSINESS REPORT (UBR)

1 of 3

DOCUMENT # F97000003479

1. Entity Name

IDC PLANT SERVICES, INC.

FILED

00 AUG -4 AM 8:36

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business	Mailing Address
2020 SW 4TH AVENUE 3RD FLOOR PORTLAND OR 97201-4958	2020 SW 4TH AVENUE 3RD FLOOR PORTLAND OR 97201-4953

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 93-1227118 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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 _____
Signature, typed or printed name of registered agent and title if applicable. (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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DURANT, KENNETH F BOX 99 DUNDEE OR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KETCHUM, RALPH A 11370 NW SKYLINE DRIVE PORTLAND OR	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	XX ☐ Change ☐ Addition VD James M. Hall 9015 NW Skyline Drive Portland, Oregon 97231
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD KING, SUSAN D 14204 SE CRYSTAL SPRINGS PORTLAND OR	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 500003367975--9 -08/23/00--01006--015 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/99)

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: _____ Susan D. King 1/26/2000 (503) 224-6040
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

COPY

2053

IDC **Memorandum/ Telephone Conversation Record**

To: Kristen ~~Hill~~ State of FL

From: Slasi

Client:

Project Name:

IDC Project No.:

Location:

Date: July 31

Telephone Number:

Subject: Corp Reg State of FL

☑ Telephone Conversation

☐ Memorandum

Message:

KRISTEN/ ECKEL.

Kristen advised to re-issue pymt in the Amt of $150. W/ Explanation that payment was sent in a timely fashion though check has been lost that we are re-issuing pymt which is to be applied to IDC PSI. Attach documentation.

- informed C. Dunham of request - pending check re-issuance from acty.

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FORM - 029