

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000000865

FILED
Apr 11, 2003
Secretary of State

Entity Name: PACIFIC HARBOR CAPITAL, INC.

Current Principal Place of Business:

825 NE MULTNOMAH ST., STE. 2000
PORTLAND, OR 97232

New Principal Place of Business:

Current Mailing Address:

825 NE MULTNOMAH ST., STE. 2000
PORTLAND, OR 97232

New Mailing Address:

825 NE MULTNOMAH ST.
SUITE 1800 - KRISTY TAYLOR
PORTLAND, OR 97232

FEI Number: 93-0881619

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ()

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: WILLIAMS, BRUCE N
Address: 825 NE MULTNOMAH ST., STE. 2000
City-St-Zip: PORTLAND, OR 97232

Title: S () Delete
Name: HALLER, ANDREW P
Address: 825 NE MULTNOMAH ST., STE. 2000
City-St-Zip: PORTLAND, OR 97232

Title: V () Delete
Name: LUCE, JON MICHAEL
Address: 825 NE MULTNOMAH ST., STE. 2000
City-St-Zip: PORTLAND, OR 97232

Title: T () Delete
Name: WILLIAMS, BRUCE N
Address: 825 NE MULTNOMAH ST., STE. 2000
City-St-Zip: PORTLAND, OR 97232

Title: AT () Delete
Name: SACKS, TANYA
Address: 825 NE MULTNOMAH ST., STE. 2000
City-St-Zip: PORTLAND, OR 97232

Title: AS () Delete
Name: MARTIN, LARRY O
Address: 825 NE MULTNOMAH ST., STE. 2000
City-St-Zip: PORTLAND, OR 97232

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JON MICHAEL LUCE

V

04/11/2003

Electronic Signature of Signing Officer or Director

_____ Date

JEFFERY B. ERB, ASSISTANT SECRETARY
825 NE MULTNOMAH, SUITE 1800
PORTLAND, OR 97232