

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

FILED
Feb 18, 1999 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

02-18-1999 90114 030 ***150.00

DOCUMENT # F97000000852

1. Corporation Name
PRAEGITZER INDUSTRIES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1270 MONMOUTH CUT-OFF ROAD DALLAS OR 97338

Mailing Address
1270 MONMOUTH CUT-OFF ROAD DALLAS OR 97338

3. Date Incorporated or Qualified
02/17/1997

4. FEI Number
93-0790158 Applied For Not Applicable

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

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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25

2a. Mailing Address
 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PRAEGITZER, ROBERT L	
STREET ADDRESS	6900 RICKREALL ROAD	
CITY-ST-ZIP	INDEPENDENCE OR 97351	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BERGERON, MATTHEW J	
STREET ADDRESS	6449 CRAMPTON DRIVE N.	
CITY-ST-ZIP	KEIZER OR 97303	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BARNETT, DANIEL J	
STREET ADDRESS	P.O. BOX 189 N/A	
CITY-ST-ZIP	NEW ALMADEN CA 95042	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LUCAS, GREGORY L	
STREET ADDRESS	7680 CRESTMONT AVE	
CITY-ST-ZIP	NEWARK CA 94560	
TITLE	V	<input type="checkbox"/> DELETE
NAME	VERSIACKAS, ROBERT J	
STREET ADDRESS	2440 ALAMO GLEN DRIVE	
CITY-ST-ZIP	ALAMO CA 94507	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KUENSTER, GORDON B	
STREET ADDRESS	P.O. BOX 128 N/A	
CITY-ST-ZIP	MEDINA WA 98039	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/99 (503) 623-1000
Date Daytime Phone #

CR2E034 (11/98)