


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 12, 2004 08:00 AM
Secretary of State

DOCUMENT # F98000002226

1. Entity Name
1-800-RECONEX, INC.



Principal Place of Business
**2500 INDUSTRIAL AVE.
 HUBBARD, OR 97032**

Mailing Address
**2500 INDUSTRIAL AVE.
 HUBBARD, OR 97032**



06172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
93-1242033 Applied For
 Not Applicable

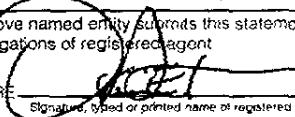
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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. I am familiar with, and accept the obligations of registered agent

SIGNATURE:  DATE: **6/17/04**

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

**FILE NOW!!! FEE IS \$150.00
 Due by September 8, 2004**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.


10. OFFICERS AND DIRECTORS

| | |
|------------------------------------------------|---------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BRANDES, JOSEPH 2500 INDUSTRIAL AVE HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GC BRAUN, WILLIAM E 2500 INDUSTRIAL AVE. HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D IRWIN, IAN 2500 INDUSTRIAL AVE HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DC PATTERSON, DAN 2500 INDUSTRIAL HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032 |

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1000011165427
 07/12/04-80013-018 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE:  **William Braun** DATE: **7/6/04** Daytime Phone #: **503-982-8000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR