


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2005 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

DO NOT WRITE IN THIS SPACE

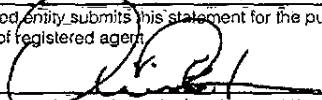


04012005 No Chg-P CR2E034 (10/03)

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:  (NOTE: Registered Agent signature required when reinstating)
 DATE: 3/31/05

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00


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

UN00000399350
 04/28/05-80071-019 150.00

10. OFFICERS AND DIRECTORS

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

DO NOT WRITE IN THIS SPACE

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 VP / General Counsel 3/31/05
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #