


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

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| DOCUMENT # F98000002226 1. Entity Name 1-800-RECONEX, INC. |  |
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|--|--|
| Principal Place of Business 2500 INDUSTRIAL AVE. HUBBARD, OR 97032 | Mailing Address 2500 INDUSTRIAL AVE. HUBBARD, OR 97032 |
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

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|-----------------------------|-------------------------------|
| 4. FEI Number 93-1242033 | Applied For Not Applicable |
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|---|---------------------------------------|
| 5. Certificate of Status Desired <input type="checkbox"/> | \$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 _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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|--|---|
| 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 | DC PATTERSON, DAN 2500 INDUSTRIAL HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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05/28/08-80060-017 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  4/21/08 503-482-3000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #