

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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AND
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95 APR 27 AM 10:15

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morburn
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P15792 (5)

1. Corporation Name
U.S. NATURAL RESOURCES, INC.

Principal Place of Business: **8000 N.E. PARKWAY DR. STE 100 VANCOUVER WA 98662**

Mailing Address: **8000 N.E. PARKWAY DR. STE 100 VANCOUVER WA 98662**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **09/01/1987**

3a. Date of Last Report: **04/27/1994**

4. FEI Number: **94-2462111**

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 has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. 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

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 resigning)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WARD, RICHARD H.
STREET ADDRESS	8000 NE PKWY DR #100
CITY - ST - ZIP	VANCOUVER WA
TITLE	DST
NAME	BECHEN, DONALD R.
STREET ADDRESS	8000 NE PKWY DR #100
CITY - ST - ZIP	VANCOUVER WA
TITLE	V
NAME	GOODWIN, THOMAS
STREET ADDRESS	1220 W. STATE ST.
CITY - ST - ZIP	JACKSONVILLE FL
TITLE	V
NAME	KULBIEDA, GARY M.
STREET ADDRESS	212 STATE ST.
CITY - ST - ZIP	BELLE VERNON PA
TITLE	V
NAME	HOGUE, GARY W.
STREET ADDRESS	8205 S.W. HUNZIKER ROAD
CITY - ST - ZIP	TIGARD OR
TITLE	V
NAME	KNERR, MICHAEL P.
STREET ADDRESS	1695 LEWIS RIVER ROAD
CITY - ST - ZIP	WOODLAND WA

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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 appointment with an address.

SIGNATURE: Donald R. Bechen **4/20/95 (360) 892-2650**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **DONALD R. BECHEN - SECRETARY**