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FILED
Jan 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P36942 (1)
 1. Corporation Name: **C MORTGAGE CORP.**



Principal Place of Business: **P.O. BOX 12926 SALEM OR 97301**
 Mailing Address: **P.O. BOX 12926 SALEM OR 97309-0926**

3. Date Incorporated or Qualified: **01/03/1992**
 3a. Date of Last Report: **01/23/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	93-1068917	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	28	29
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM % C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324	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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	1.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	1.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BATY, DANIEL R.	2.2 NAME	
STREET ADDRESS	2105 N. 30	2.3 STREET ADDRESS	
CITY-ST-ZIP	TACOMA WA	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THORN, BRUCE D.	3.2 NAME	Colson, Barton G.
STREET ADDRESS	2250 MCGILCHRIST ST. SE	3.3 STREET ADDRESS	2250 McGilchrist St. SE
CITY-ST-ZIP	SALEM OR 97302	3.4 CITY-ST-ZIP	Salem, OR 97302
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	4.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	4.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLSON, WILLIAM E.	5.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	5.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRENDEN, NORMAN L.	6.2 NAME	
STREET ADDRESS	2250 MCGILCHRIST ST. SE	6.3 STREET ADDRESS	
CITY-ST-ZIP	SALEM OR 97302	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: William E. Colson **1/9/97** **503370-7070**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)