

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2001 8:00 am
Secretary of State

01-31-2001 90044 015 ***150.00

DOCUMENT # P37419

1. Entity Name
COLSON & COLSON GENERAL CONTRACTOR, INC.

00013068



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 P.O. BOX 14111
 ATTN: D. COLSON
 SALEM OR 97309
 US

Mailing Address
 ATTN: D. COLSON
 P.O. BOX 14111
 SALEM OR 97309
 US

2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number **93-0969479**
 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
% C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC COLSON, HUGH D. 2250 MCGILCHRIST ST. SE SALEM, OR 97302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVC COLSON, WILLIAM E. 2250 MCGILCHRIST ST. SE SALEM OR 97302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TIBBOT, GREGORY 2250 MCGILCHRIST ST. SE SALEM OR 97302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BRENDEN, NORMAN L. 2250 MCGILCHRIST ST. SE SALEM OR 97302 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLSON, WILLIAM E. 2250 MCGILCHRIST ST. SE SALEM OR 97302 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP COLSON, HUGH D. 2250 MCGILCHRIST ST. SE SALEM OR 97302 <input checked="" type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / Vice President Hugh D. Colson 2250 MCGILCHRIST ST. SE SALEM, OR 97302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director / President William E. Colson 2250 MCGILCHRIST ST. SE SALEM, OR 97302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary / Director Gregory Tibbot 2250 MCGILCHRIST ST. SE SALEM, OR 97302 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *William E. Colson*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *1/23/01*
 Daytime Phone #: *503 370 7071 x 7209*

CR2E034 (10/00)

COLSON & COLSON GENERAL CONTRACTOR, INC.
Document # P37419

Attachment
C0013088
#P37419

Additional Directors:

May S. Hasso	1 Napoli, Newport Beach, CA 92660
Sami T. Akrawi	6363 Christie Avenue, #2207, Emeryville, CA 94608