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May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # F97000005539

1. Corporation Name
PacifiCorp Power Marketing, Inc.

Principal Place of Business	Mailing Address
700 NE Multnomah Suite 1600 Portland, OR 97232	c/o Sally Nofziger 700 NE Multnomah, #1600 Portland, OR 97232-4116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business	21 700 NE Multnomah	2a. Mailing Address	26 c/o Sally Nofziger
Suite, Apt. #, etc.	22 1600	Suite, Apt. #, etc.	27 700 NE Multnomah, #1600
City & State	23 Portland, OR	City & State	28 Portland, OR
Zip	24 97232	Zip	29 97232-4116
Country	25 USA	Country	30 USA

4. FEI Number 93-1177933 ☐ Applied For ☐ Not Applicable

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT Corporation System
Registered Office
1200 South Pine Island Road
c/o CT Corporation System
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 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.

100002580531
-05/04/98--01078--018
***150.00

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director	☐ Change ☐ Addition
1.2 NAME	John A. Bohling	
1.3 STREET ADDRESS	700 NE Multnomah, #1600	
1.4 CITY-ST-ZIP	Portland, OR 92732-4116	
2.1 TITLE	Donald N. Furman	☐ Change ☐ Addition
2.2 NAME	President	
2.3 STREET ADDRESS	700 NE Multnomah, #1600	
2.4 CITY-ST-ZIP	Portland, OR 97232-4116	
3.1 TITLE	SVP & COO	☐ Change ☐ Addition
3.2 NAME	Brian D. Sickels	
3.3 STREET ADDRESS	700 NE Multnomah, #1600	
3.4 CITY-ST-ZIP	Portland, OR 97232-4116	
4.1 TITLE	Vice President	XX Change ☐ Addition
4.2 NAME	Kimball R. Rasmussen	
4.3 STREET ADDRESS	825 NE Multnomah, #300	
4.4 CITY-ST-ZIP	Portland, OR 97232	
5.1 TITLE	Secretary	☐ Change ☐ Addition
5.2 NAME	Sally A. Nofziger	
5.3 STREET ADDRESS	700 NE Multnomah, #1600	
5.4 CITY-ST-ZIP	Portland, OR 97232-4116	
6.1 TITLE	Treasurer	XX Change ☐ Addition
6.2 NAME	William E. Peressini	
6.3 STREET ADDRESS	825 NE Multnomah, #1900	
6.4 CITY-ST-ZIP	Portland, OR 97232	

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5.1

CR2E034 (10/97)

14. 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 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: Sally A. Nofziger Sally A. Nofziger April 28, 1998 503 731 2144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #