

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 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
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DOCUMENT # 678251 (0)  
1. Corporation Name  
OAK TOWNE, INC.

Principal Place of Business 110 2NDST.SO PO BOX 2249 GREAT FALLS MT 59403	Mailing Address 110 2NDST.SO PO BOX 2249 GREAT FALLS MT 59403
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
07/14/1980

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	4. FEI Number 81-0268110 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. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYES ST  
TALLAHASSEE FL 32301

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
			FL	

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

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	PD	XX DELETE
NAME	MCCANN, S M	
STREET ADDRESS	979 OSOS ST STE C-3	
CITY-ST-ZIP	SAN LUIS OBISPO CA	
TITLE	STD	XX DELETE
NAME	MCCANN, A.M.	
STREET ADDRESS	521 3RD AVE. NORTH	
CITY-ST-ZIP	GREAT FALLS MT	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNESON, M. M.	
STREET ADDRESS	2210 FOX DRIVE	
CITY-ST-ZIP	BILLINGS MT	
TITLE	V	XX DELETE
NAME	MCCANN, A. M	
STREET ADDRESS	521 3RD AVE NORTH	
CITY-ST-ZIP	GREAT FALLS MT	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	KING, K	
STREET ADDRESS	110 2ND ST S	
CITY-ST-ZIP	GREAT FALLS MT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE	PST	
1.2 NAME	MCCANN, A.M.	
1.3 STREET ADDRESS	521 THIRD AVENUE NORTH	
1.4 CITY-ST-ZIP	GREAT FALLS, MT 59401	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANDY MCCANN	
2.3 STREET ADDRESS	5119 CHEROKEE TRAIL	
2.4 CITY-ST-ZIP	BILLINGS, MT 59106	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	LEE ARNESON	
3.3 STREET ADDRESS	2210 FOX DRIVE	
3.4 CITY-ST-ZIP	BILLINGS, MT 59102	
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 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: Kathleen King KATHLEEN KING 3/25/98 (400) 727-2600

CR2E034 (10/97)