


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F01000001219 1. Entity Name FOREST OIL CORPORATION	
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Principal Place of Business 707 17TH ST SUITE 3600 DENVER, CO 80202 US	Mailing Address 707 17TH ST SUITE 3600 DENVER, CO 80202 US
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DO NOT WRITE IN THIS SPACE



04172008 No Chg-P CR2E034 (11/05)

4. FEI Number 25-0484900	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	DO NOT WRITE IN THIS SPACE
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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. I am familiar with, and accept the obligations of registered agent.

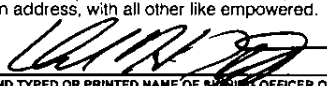
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U000000931479 05/22/08-80016-016 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO CLARK, H. CRAIG 707 17TH STREET, SUITE 3600 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRITTON, WILLIAM L 707 17TH STREET, SUITE 3600 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCFO KEYTE, DAVID H 707 17TH STREET, SUITE 3600 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENNEDY, MICHAEL N 707 17TH STREET, SUITE 3600 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CONT WIND, VICTOR A 707 17TH STREET, SUITE 3600 DENVER, CO 80202
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS MARTER, IV, CYRUS D 707 17TH STREET, SUITE 3600 DENVER, CO 80202

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **4/21/08** **(303) 812-1400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #