


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90111 003 ***150.00

DOCUMENT # F04000004604					
1. Entity Name CLIMAX PORTABLE MACHINE TOOLS, INC.					
Principal Place of Business 2712 E. SECOND ST. NEWBERG, OR 97132			Mailing Address PO BOX 1210 NEWBERG, OR 97132		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		2712 E. 2nd Street			
City & State		City & State		4. FEI Number	
Newberg, OR 97132		Newberg, OR 97132		93-0553883	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
97132		USA			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
C T CORPORATION SYSTEM 1200 S. PINE ISLAND RD. PLANTATION, FL 33324			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE: _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P <input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GILMORE, GEOFFREY	NAME	2712 E. 2nd Street		
STREET ADDRESS	PO BOX 1210	STREET ADDRESS			
CITY-ST-ZIP	NEWBERG, OR 97132	CITY-ST-ZIP			
TITLE	V <input type="checkbox"/> Delete	TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	POLNOFF, NANCY	NAME	Lawrence Rentz		
STREET ADDRESS	PO BOX 1210	STREET ADDRESS	2712 E. 2nd Street		
CITY-ST-ZIP	NEWBERG, OR 97132	CITY-ST-ZIP	Newberg, OR 97132		
TITLE	S <input checked="" type="checkbox"/> Delete	TITLE	VP/Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	OWEN, TED W	NAME	Nancy Polnoff		
STREET ADDRESS	PO BOX 1210	STREET ADDRESS	2712 E. 2nd Street		
CITY-ST-ZIP	NEWBERG, OF 97132	CITY-ST-ZIP	Newberg, OR 97132		
TITLE	D <input type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAWK, PHILIP J.	NAME	Thomas R. Liebermann		
STREET ADDRESS	TEAM INC. 200 HERMANN DRIVE	STREET ADDRESS	146 Hesperus Ave.		
CITY-ST-ZIP	ALVIN, TX 77511	CITY-ST-ZIP	Magnolia, MA 01930		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HARRISON, GEORGE W.	NAME	Howard S. Goss		
STREET ADDRESS	TEAM INC, 200 HERMANN DRIVE	STREET ADDRESS	435 Sheridan Rd.		
CITY-ST-ZIP	ALVIN, TX 77511	CITY-ST-ZIP	Glencoe, IL 60022		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LABORDE, E. THEODORE	NAME	Michael R. Bailey		
STREET ADDRESS	TEAM INC, 200 HERMANN DRIVE	STREET ADDRESS	950 West Valley Rd., Ste. 2900		
CITY-ST-ZIP	ALVIN, TX 77511	CITY-ST-ZIP	Wayne, PA 19087		
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: <u>Nancy Polnoff</u>		Nancy Polnoff		3-23-06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		503-538-2185	
				Daytime Phone #	