
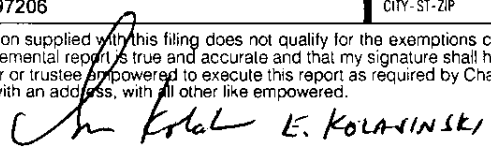


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90104 011 ***150.00

DOCUMENT # F06000003540 1. Entity Name UNITED PIPE & SUPPLY CO., INC.					
Principal Place of Business 7600 SE JOHNSON CREEK BLVD. PARKLAND, OR 97206			Mailing Address P.O. BOX 90580 PARKLAND, OR 97290		
2. Principal Place of Business - No P.O. Box # 7600 SE Johnson Creek Blvd		3. Mailing Address P.O. Box 90580			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Portland, OR		City & State Portland, OR		01232007 Chg-P CR2E034 (12/06)	
Zip 97206		Country USA		4. FEI Number 93-0412307	
Zip 97290		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD. 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. 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, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	CEO MILLER, WAYNE 18 HILTON HAVEN KEY WEST, FL 33040 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCS RAMSEY, PATRICIA 7600 SE JOHNSON CREEK BLVD. PARKLAND, OR 97206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Portland, OR 97206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOSEPH, ROBERT 7600 SE JOHNSON CREEK BLVD. PARKLAND, OR 97206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Portland, OR 97206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBEGIN, ED 7600 SE JOHNSON CREEK BLVD. PARKLAND, OR 97206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Portland, OR 97206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOECKE, JOE 7600 SE JOHNSON CREEK BLVD. PARKLAND, OR 97206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Portland, OR 97206	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOLASINSKI, EDWARD 7600 SE JOHNSON CREEK BLVD. PARKLAND, OR 97206 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KOLASINSKI, EDWARD Portland, OR 97206	
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:  E. KOLASINSKI			1/25/07 483.772.6018		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		