


**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 18, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # F07000002993</b> 1. Entity Name MCFARLAND CASCADE HOLDINGS, INC.	
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Principal Place of Business 1640 EAST MARC AVE TACOMA, WA 98421	Mailing Address PO BOX 1496 TACOMA, WA 98401
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**DO NOT WRITE IN THIS SPACE**



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1277142	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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
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**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

000000930816

02/28/08-80099-012 158.75

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCFARLAND, B CORRY 1640 EAST MARC AVE TACOMA, WA 98421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPST MCFARLAND, GREG D 1640 EAST MARC AVE TACOMA, WA 98421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCFARLAND, GREG D 1640 EAST MARC AVE TACOMA, WA 98421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DOCTER, LLOYD W 1640 EAST MARC AVE TACOMA, WA 98421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WHITEHEAD, JOHN C 1640 EAST MARC AVE TACOMA, WA 98421
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #