

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F92000000539 (8)

1. Corporation Name:

FALCON FINANCIAL CORP.



Principal Place of Business

Mailing Address

**2250 MCGILCHRIST ST., SE
STE. 410
SALEM OR 97302
US**

**P. O. BOX 12188
SALEM OR 97309
US**

3. Date Incorporated or Qualified 12/07/1992	3a. Date of Last Report 08/24/1995
4. FEI Number 93-1097475	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 WOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL 85 Zip Code

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 of typist or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input type="checkbox"/> DELETE
NAME	COLSON, WILLIAM E	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	S	<input type="checkbox"/> DELETE
NAME	THORN, BRUCE D	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	T	<input type="checkbox"/> DELETE
NAME	BRENDEN, NORMAN L	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	COLSON, WILLIAM E	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRANDSTROM, RAYMOND R	
STREET ADDRESS	2250 MCGILCHRIST ST., SE	
CITY-ST-ZIP	SALEM OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	THORN, BRUCE D	
STREET ADDRESS	2250 MCGILCHRIST ST SE	
CITY-ST-ZIP	SALEM OR 97302	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Secretary

1-17-96 (503) 370 7070

CR2E034 (12/95)