

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002042 (9)
 1. Corporation Name
R.M. WADE & CO.



Principal Place of Business PO BOX 23666 PORTLAND OR 97281	Mailing Address PO BOX 23666 PORTLAND OR 97281
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite Apt #, etc 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 93-0304960	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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. 190.032 Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM
1200 S. PINE ISLAND RD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent

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

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 _____ DATE _____
Signature typed by principal place of registered agent and filed applicable (NONE Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP NEWBEGIN, EDWARD H	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBEGIN, EDWARD H	12 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	BEAVERTON OR	14 CITY-ST-ZIP	
TITLE	D PERRY, GRANT	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERRY, GRANT	22 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	BEAVERTON OR	24 CITY-ST-ZIP	
TITLE	VD NEWBEGIN, WADE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEWBEGIN, WADE	32 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	33 STREET ADDRESS	
CITY-ST-ZIP	BEAVERTON OR	34 CITY-ST-ZIP	
TITLE	SD RUSSELL, SUSAN M	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, SUSAN M	42 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	43 STREET ADDRESS	
CITY-ST-ZIP	BEAVERTON OR	44 CITY-ST-ZIP	
TITLE	T WENDROFF, DAVID P	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WENDROFF, DAVID P	52 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	BEAVERTON OR	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David P. Wendroff, Treasurer* 6-21-96 503-692-5353
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day of Phone #

CR2E034 (3/96)