

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002305 (0)

1. Corporation Name
BLT TECHNOLOGIES, INC.



Principal Place of Business 610 ESTHER STREET SUITE 1000 VANCOUVER WA 98660	Mailing Address 610 ESTHER STREET SUITE 1000 VANCOUVER WA 98660-3022
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 05/04/1994	3a. Date of Last Report 05/01/1996
4. FEI Number 91-1450204	Applied For <input type="checkbox"/> Not Applicable
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	

9. Name and Address of Current Registered Agent

**HIQ CORPORATE SERVICES, INC.
526 EAST PARK AVENUE
SUITE 200
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	HOLCE, THOMAS J.	
STREET ADDRESS	610 ESTHER STREET, STE 1000	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	WIGGINS, ROBERT S	
STREET ADDRESS	610 ESTHER STREET, STE 1000	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	PST	<input checked="" type="checkbox"/> DELETE
NAME	STERNBERG, ROBERT	
STREET ADDRESS	610 ESTHER STREET, STE 1000	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIETZ, EDWARD	
STREET ADDRESS	610 ESTHER ST. STE 1000	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COLSON, WILLIAM	
STREET ADDRESS	610 ESTHER ST. STE 1000	
CITY-ST-ZIP	VANCOUVER WA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SKIMAS, JOHN	
STREET ADDRESS	610 ESTHER ST. STE 1000	
CITY-ST-ZIP	VANCOUVER WA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Director, President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Bernard J. Ebbers	
1.3 STREET ADDRESS	515 East Amite	
1.4 CITY-ST-ZIP	Jackson, MS 39201	
2.1 TITLE	Secretary & Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Scott D. Sullivan	
2.3 STREET ADDRESS	515 East Amite	
2.4 CITY-ST-ZIP	Jackson, MS 39201	
3.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Charles T. Cannada	
3.3 STREET ADDRESS	515 East Amite	
3.4 CITY-ST-ZIP	Jackson, MS 39201	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address.

SIGNATURE _____

CR2E034 (9/96)