

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

FILED
May 28 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 # F94000002770
 1. Corporation Name
CB CASCADES, INC.

Principal Place of Business	Mailing Address
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2. Principal Place of Business	2a. Mailing Address
21 101 California Street	26 101 California Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 26th Floor	27 26th Floor
City & State	City & State
23 San Francisco, CA	28 San Francisco, CA
Zip	Zip
24 94111-5853	25 San Francisco 94111-5853
Country	Country
29 San Francisco	30 San Francisco

3. Date Incorporated or Qualified May 24, 1994	3a. Date of Last Report
4. FEI Number 13-3771135	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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**C T Corporation System
 c/o C T Corporation System
 1200 South Pine Island Road
 Plantation, FL 33324**

10. Name and Address of New Registered Agent

81 Name Not Applicable
82 Street Address (P.O. Box Number is Not Acceptable)
83 800000220468
-06/06/97--01073--027
84 City ***550.00
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 **Not Applicable**
 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	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Steppe, Stephen M.
1.3 STREET ADDRESS	101 California Street, 26th Floor
1.4 CITY-ST-ZIP	San Francisco, CA 94111-5853
2.1 TITLE	VAS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Egan, Gerald E.
2.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor
2.4 CITY-ST-ZIP	Chicago, IL 60611-1901
3.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Cook, Robert J.
3.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor
3.4 CITY-ST-ZIP	Chicago, IL 60611-1901
4.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	King, James D.
4.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor
4.4 CITY-ST-ZIP	Chicago, IL 60611-1901
5.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	O'Meara, Norton F.
5.3 STREET ADDRESS	875 North Michigan Avenue, 41st Floor
5.4 CITY-ST-ZIP	Chicago, IL 60611-1901
6.1 TITLE	V <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Otto, Warren H.
6.3 STREET ADDRESS	101 California Street, 26th Floor
6.4 CITY-ST-ZIP	San Francisco, CA 94111-5853

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: *[Signature]* May 9, 1997 (312)266-9300

CP2E034 (9/96)

**ATTACHMENT TO
CORPORATION ANNUAL REPORT FOR
CB CASCADES, INC.**

Officers (continued):

Vice President	Joseph R. Senko	875 North Michigan Avenue, 41st Fl. Chicago, Illinois 60611
Vice President	Gary L. Thompson	875 North Michigan Avenue, 41st Fl. Chicago, Illinois 60611
Treasurer Secretary	Paula M. Ferkull	875 North Michigan Avenue, 41st Fl. Chicago, Illinois 60611