

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F95000004443 (6)**

1. Corporation Name
PCC HOLDINGS, INC.



Principal Place of Business: **825 NE MULTNOMAH ST., STE. 775 PORTLAND OR 97232-2152**
Mailing Address: **825 NE MULTNOMAH ST., STE. 775 PORTLAND OR 97232-2152**

3. Date Incorporated or Qualified: **09/13/1995** 3a. Date of Last Report
4. FEI Number: **93-1158641** Applied For / Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30
21, 22, 23, 24: Suite, Apt. #, etc.; City & State; Zip; Country
26, 27, 28, 29, 30: Suite, Apt. #, etc.; City & State; Zip; Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE _____
(Signature typed or printed name of registered agent and date of appointment) (Printed Name of Registered Agent and date of appointment)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	HENDERSON, MICHAEL C	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	ROEDER, REYNOLD	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LONGFIELD, CRAIG N	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	V	<input type="checkbox"/> DELETE
NAME	BREENE, DANIEL A JR.	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SCHRECK, GEORGE C	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERESSINI, WILLIAM E	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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	

PLEASE SEE ATTACHED EXHIBIT A FOR COMPLETE LIST OF OFFICERS AND DIRECTORS

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 on an attachment with an address.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
George C. Schreck, Secretary

3/1/96 (503)797-7200
Date Filed

CR2E034 (12/95)

EXHIBIT A

PCC HOLDINGS, INC.

Corp. No.
F9500000443 (6)

OFFICERS

Craig N. Longfield	President
Daniel A. Breene, Jr.	Vice President
Reynold Roeder	Vice President
Peter J. Craven	Controller
William E. Peressini	Treasurer
Bruce N. Williams	Assistant Treasurer
John F. Fryer	Assistant Treasurer
George C. Schreck	Secretary
Sally A. Nofziger	Assistant Secretary
Lenore M. Martin	Assistant Secretary
J.T. Pendergraft	Assistant Secretary

ADDRESS FOR ABOVE OFFICERS: 825 N.E. Multnomah St., Ste. 775
Portland, OR 97232

DIRECTORS

Michael C. Henderson
Reynold Roeder

ADDRESS FOR ABOVE DIRECTORS: 825 N.E. Multnomah St., Ste. 775
Portland, OR 97232

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825 N.E. Multnomah Street, Suite 775
Portland, Oregon 97232-2152
503/797-7200 FAX: 503/797-6551

DATE: March 1, 1996

TO: Division of Corporations
Annual Reports Section
P. O. Box 1500
Tallahassee, Florida 32302-1500

RE: PCC Holdings, Inc.

YOUR FILE: Document # F95000004443 (6)

ENCLOSURES: 1996 Florida Profit Corporation Annual Report
with attached Exhibit A; Check in amount of
\$200.00.

REQUESTED ACTION: On behalf of PCC Holdings, Inc., please file
the enclosed annual report with attached
Exhibit A. Thank you.

Yours very truly,

A handwritten signature in cursive script that reads "Mary Coffin-O'Hara".

Mary Coffin-O'Hara
Paralegal/Executive Secretary

Enclosures