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

DOCUMENT # **F95000006176 (0)**

1. Corporation Name
NORTHWEST COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
6950 SW HAMPTON SUITE 200 TIGARD OR 97223	6950 SW HAMPTON SUITE 200 TIGARD OR 97223

3. Date Incorporated or Qualified: 12/19/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 27501 S.W. Parkway Ave
Suite, Apt. #, etc. 22:
City & State 23: Wilsonville, Oregon
Zip 24: 97070 Country 25: USA

2a. Mailing Address
26: 27501 SW. Parkway Ave
Suite, Apt. #, etc. 27:
City & State 28: Wilsonville, Oregon
Zip 29: 97070 Country 30: USA

4. FEI Number: 93-1178124 ☐ 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

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
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 **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 title, if applicable. (NOTE: Registered Agent's signature required when reinstating.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CCEO	☐ DELETE	11 TITLE		☐ Change ☐ Addition
NAME	KEARNS, RICHARD		12 NAME		
STREET ADDRESS	6950 SW HAMPTON, SUITE 200		13 STREET ADDRESS		
CITY-ST-ZIP	TIGARD OR 97223		14 CITY-ST-ZIP		
TITLE	VCP	☐ DELETE	21 TITLE		☐ Change ☐ Addition
NAME	TOMA, JAMES		22 NAME		
STREET ADDRESS	6950 SW HAMPTON, SUITE 200		23 STREET ADDRESS		
CITY-ST-ZIP	TIGARD OR 97223		24 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME	LINENSCHMIDT, LARRY L		32 NAME		
STREET ADDRESS	6950 SW HAMPTON, SUITE 200		33 STREET ADDRESS		
CITY-ST-ZIP	TIGARD OR 97223		34 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME	POULIOT, PAUL J		42 NAME		
STREET ADDRESS	6950 SW HAMPTON, SUITE 200		43 STREET ADDRESS		
CITY-ST-ZIP	TIGARD OR 97223		44 CITY-ST-ZIP		
TITLE	V	☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME	LUSENHOP, STEPHEN A		52 NAME		
STREET ADDRESS	6950 SW HAMPTON, SUITE 200		53 STREET ADDRESS		
CITY-ST-ZIP	TIGARD OR 97223		54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 CITY-ST-ZIP		

CR2E034 (3/96)

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: Stephen A. Lusenhop 8/00/96 503-570-8140
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #