

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Jan 29 1997 8:00am  
Secretary of State

DOCUMENT # F95000006176 (0)

1. Corporation Name  
NORTHWEST COMMUNICATIONS, INC.



Principal Place of Business  
27501 S.W. PARKWAY AVE  
SUITE 200  
WILSONVILLE OR 97070  
US

Mailing Address  
27501 S.W. PARKWAY AVE.  
SUITE 200  
WILSONVILLE OR 97070  
US

3. Date Incorporated or Qualified  
12/19/1995

3a. Date of Last Report  
08/12/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	93-1178124	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22	27	<input type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24	29		
Country	Country		
25	30		

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CEO	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEARNS, RICHARD	1.2 NAME	
STREET ADDRESS	8950 SW HAMPTON, SUITE 200	1.3 STREET ADDRESS	27501 S.W. Parkway Ave.
CITY-ST-ZIP	TIGARD OR 97223	1.4 CITY-ST-ZIP	Wilsonville, OR 97070
TITLE	VCP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TOMA, JAMES	2.2 NAME	
STREET ADDRESS	8950 SW HAMPTON, SUITE 200	2.3 STREET ADDRESS	Same as above
CITY-ST-ZIP	TIGARD OR 97223	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LINENSCHMIDT, LARRY L	3.2 NAME	
STREET ADDRESS	8950 SW HAMPTON, SUITE 200	3.3 STREET ADDRESS	Same as above
CITY-ST-ZIP	TIGARD OR 97223	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POULIOT, PAUL J	4.2 NAME	
STREET ADDRESS	8950 SW HAMPTON, SUITE 200	4.3 STREET ADDRESS	Same as above
CITY-ST-ZIP	TIGARD OR 97223	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUSENHOP, STEPHEN A	5.2 NAME	
STREET ADDRESS	8950 SW HAMPTON, SUITE 200	5.3 STREET ADDRESS	Same as above
CITY-ST-ZIP	TIGARD OR 97223	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: [Signature] 1/13/97 503-570-8141  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0526304

CR2E034 (9/96)