2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007
Secretary of State

DOCUMENT# F97000002701

Entity Name: BEAR CREEK STORES, INC.

Current Principal Place of Business:

2500 S PACIFIC HWY
MEDFORD, OR 97501

New Principal Place of Business:

Current Mailing Address:

PO BOX 712
ATTN: LEGAL DEPT
MEDFORD, OR 97501

New Mailing Address:

PO BOX 712
ATTN: TAX DEPARTMENT
MEDFORD, OR 97501

FEI Number: 93-1156652 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: C ( ) Delete
Name: WILLIAMS, WILLIAM H
Address: 2500 S PACIFIC HWY
City-St-Zip: MEDFORD, OR 97501

Title: CFO ( ) Delete
Name: O'CONNELL, STEPHEN V
Address: 2500 SOUTH PACIFIC HWY
City-St-Zip: MEDFORD, OR 97501

Title: S ( ) Delete
Name: BLUTH, ROBERT E
Address: 2500 SOUTH PACIFIC HWY
City-St-Zip: MEDFORD, OR 97501

Title: SVP ( ) Delete
Name: FULTINEER, CATHY J
Address: 2500 SOUTH PACIFIC HWY
City-St-Zip: MEDFORD, OR 97501

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: SHARP, KATHRYN
Address: 2500 SOUTH PACIFIC HWY
City-St-Zip: MEDFORD, OR 97501

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KATHRYN SHARP VP 04/16/2007

Electronic Signature of Signing Officer or Director — Date