

2000 UNIFORM BUSINESS REPORT (UBR)

10F3

DOCUMENT # F97000003479

1. Entity Name
IDC PLANT SERVICES, INC.

FILED
00 AUG -4 AM 8:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business 2020 SW 4TH AVENUE 3RD FLOOR PORTLAND OR 97201-4958	Mailing Address 2020 SW 4TH AVENUE 3RD FLOOR PORTLAND OR 97201-4953
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 93-1227118	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DURANT, KENNETH F BOX 99 DUNDEE OR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KETCHUM, RALPH A 11370 NW SKYLINE DRIVE PORTLAND OR <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD KING, SUSAN D 14204 SE CRYSTAL SPRINGS PORTLAND OR <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. I 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Susan D. King Date 1/26/2000 Daytime Phone # (503) 224-6040

CR2E034 (9/99)

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*****150.00 *****150.00

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**IDC Memorandum/
Telephone Conversation Record**

To: Kristen #1 State of FL

Date: July 31

From: Slasi

Telephone Number: _____

Client: _____

Subject: Corp Req

Project Name: _____

State of FL

IDC Project No.: _____

Telephone Conversation

Location: _____

Memorandum

Message:

Kristen! ECKEL.

Kristen advised to re-issue pymt in the amt of \$150. w/ explanation that payment was sent in a timely fashion though check has been lost that we are re-issuing pymt which is to be applied to IDC PSI. Attach documentation.

- informed C. Dunham of request - pending check re-issuance from acty.

SL