

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

FILED  
Mar 24 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F97000004256 (0)

1. Corporation Name

CASCADE FOREST GROUP, INC.

Principal Place of Business

Mailing Address

P.O. BOX 1766  
LAKE OSWEGO OR 97035

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LAKE OSWEGO OR 97035

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/14/1997

4. FEI Number

93-0972965

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODRICH, TIM  
217 CENTRE STREET STE #2  
FERNANDINA BEACH FL 32035

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

TITLE P ☐ DELETE  
NAME MORRIS, MICHAEL  
STREET ADDRESS 1271 ROSEMONT  
CITY-ST-ZIP WEST LINN OR

TITLE V ☒ DELETE  
NAME SLAUGHTER, LARRY  
STREET ADDRESS 13909 SW MAJESTIC  
CITY-ST-ZIP LAKE OSWEGO OR

TITLE ST ☐ DELETE  
NAME KELLY, MARK  
STREET ADDRESS 14280 SW MCFARLAND  
CITY-ST-ZIP TIGARD OR

TITLE CD ☐ DELETE  
NAME FRERES, ROBERT  
STREET ADDRESS 141 14TH STREET  
CITY-ST-ZIP LYONS OR

TITLE D ☐ DELETE  
NAME FRERES, THEODORE  
STREET ADDRESS 141 14TH STREET  
CITY-ST-ZIP LYONS OR

TITLE D ☒ DELETE  
NAME FRERES JR, THEODORE  
STREET ADDRESS 141 14TH STREET  
CITY-ST-ZIP LYONS OR

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☐ Change ☒ Addition  
1.2 NAME Doris Wipper  
1.3 STREET ADDRESS 141 14th Street  
1.4 CITY-ST-ZIP Lyons, OR 97358

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE D ☒ Change ☐ Addition  
6.2 NAME Robert Freres, Jr.  
6.3 STREET ADDRESS 141 14th Street  
6.4 CITY-ST-ZIP Lyons, OR 97358

14. 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 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

3-18-98

503/ 636-8633

CR2E034 (10/97)