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Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1998

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

DOCUMENT # **F97000004560 (5)**

1. Corporation Name
PACIFICORP ENERGY SERVICES, INC.

Principal Place of Business	Mailing Address
520 S.W. YAMHILL #800 PORTLAND OR 97204	520 S.W. YAMHILL #800 PORTLAND OR 97204 c/o Sally Nofziger 700 NE Multnomah, #1600 Portland, OR 97232-4116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/28/1997

FEI Number: 93-1211090 — 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
21 825 NE Multnomah, #1570 Portland, OR 97232 Suite, Apt. #, etc. 22 Suite 1570 City & State 23 Portland, OR Zip 24 97232-4116 Country 25 USA	26 700 NE Multnomah, #1600 Portland, OR 97232 Suite, Apt. #, etc. 27 Suite 1600 City & State 28 Portland, OR Zip 29 97232-4116 Country 30 USA

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO HENDERSON, MICHAEL C 825 NE MULTNOMAH ST., SUITE 775 PORTLAND OR 97232	XX DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CRONISE, BARBARA 825 NE MULTNOMAH ST., SUITE 775 PORTLAND OR 97232	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V BECK, BRIAN 825 NE MULTNOMAH ST., SUITE 775 PORTLAND OR 97232	XX DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS SCHRECK, GEORGE C 825 NE MULTNOMAH ST., SUITE 775 PORTLAND OR 97232	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C CRAVEN, PETER J 825 NE MULTNOMAH ST., SUITE 775 PORTLAND OR 97232	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PERESSINI, WILLIAM E 825 NE MULTNOMAH ST., SUITE 775 PORTLAND OR 97232	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (10/97)

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: Barbara J. Cronise April 28, 1998 503 731 2006