

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000004560

1. Entity Name

PACIFICORP ENERGY SERVICES, INC.

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90019 031 ***150.00

Principal Place of Business

Mailing Address

825 NE MULTNOMAH
STE 600 ~~2000~~
PORTLAND OR 97232-4110
US

825 NE MULTNOMAH, Attn: L. Martin
STE 600 ~~2000~~
PORTLAND OR 97232-2135
US

2. Principal Place of Business

825 NE Multnomah

3. Mailing Address

825 NE Multnomah

Suite, Apt. #, etc.

Ste 2000

Suite, Apt. #, etc.

Attn L. Martin, Ste 2000

City & State

Portland, OR

City & State

Portland, OR

Zip

97232

Country

USA

Zip

97232

Country

USA

4. FEI Number

93-1211090

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(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.
(See criteria on back) ☐

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. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD ☐ Delete
NAME CRONISE, BARBARA
STREET ADDRESS 825 NE MULTNOMAH, STE 600
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Ste 2000
CITY-ST-ZIP

TITLE VS ☐ Delete
NAME SCHRECK, GEORGE C
STREET ADDRESS 825 NE MULTNOMAH, STE 600
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS Ste 2000
CITY-ST-ZIP

TITLE C ☐ Delete
NAME CRAVEN, PETER J
STREET ADDRESS 700 NE MULTNOMAH, STE 700
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME PERESSINI, WILLIAM E
STREET ADDRESS 825 NE MULTNOMAH, STE 1900
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME MARTIN, LENORE M
STREET ADDRESS 825 NE MULTNOMAH, STE 2000
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AT ☐ Delete
NAME WILLIAMS, BRUCE N
STREET ADDRESS 825 NE MULTNOMAH, ST E1900
CITY-ST-ZIP PORTLAND OR 97232

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: *Lenore M. Martin* Lenore M. Martin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 12, 2000 503 813 7200

Date

Daytime Phone #

CR2E034 (9/99)