

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

FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F97000005539**  
1. Corporation Name  
**PacifiCorp Power Marketing, Inc.**

Principal Place of Business <b>700 NE Multnomah Suite 1600 Portland, OR 97232</b>	Mailing Address <b>c/o Sally Nofziger 700 NE Multnomah, #1600 Portland, OR 97232-4116</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>700 NE Multnomah</b> Suite, Apt. #, etc. 22 <b>1600</b> City & State 23 <b>Portland, OR</b> Zip 24 <b>97232</b>	2a. Mailing Address 26 <b>c/o Sally Nofziger</b> Suite, Apt. #, etc. 27 <b>700 NE Multnomah, #1600</b> City & State 28 <b>Portland, OR</b> Zip 29 <b>97232-4116</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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3. Date Incorporated or Qualified	4. FEI Number <b>93-1177933</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent  
**CT Corporation System  
Registered Office  
1200 South Pine Island Road  
c/o CT Corporation System  
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
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this report in the process 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 and is hereby accepted by the appointees, as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

**05/04/98--01078--018**  
**\*\*\$150.00**

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	John A. Bohling
STREET ADDRESS		1.3 STREET ADDRESS	700 NE Multnomah, #1600
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Portland, OR 97232-4116
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Donald N. Furman <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	President
STREET ADDRESS		2.3 STREET ADDRESS	700 NE Multnomah, #1600
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Portland, OR 97232-4116
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	SVP & COO <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Brian D. Sickels
STREET ADDRESS		3.3 STREET ADDRESS	700 NE Multnomah, #1600
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Portland, OR 97232-4116
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Kimball R. Rasmussen
STREET ADDRESS		4.3 STREET ADDRESS	825 NE Multnomah, #300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Portland, OR 97232
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Sally A. Nofziger
STREET ADDRESS		5.3 STREET ADDRESS	700 NE Multnomah, #1600
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Portland, OR 97232-4116
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	William E. Peressini
STREET ADDRESS		6.3 STREET ADDRESS	825 NE Multnomah, #1900
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Portland, OR 97232

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(3)(f), 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: Sally A. Nofziger Sally A. Nofziger April 28, 1998 503 731 2144

Date Daytime Phone #

CR2E034 (10/97)