


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

FILED

May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005539

1. Corporation Name
PacifiCorp Power Marketing, Inc.

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

2. Principal Place of Business 21 700 NE Multnomah Suite, Apt. #, etc. 22 1600 City & State 23 Portland, OR Zip 24 97232	2a. Mailing Address 26 c/o Sally Nofziger Suite, Apt. #, etc. 27 700 NE Multnomah, #1600 City & State 28 Portland, OR Zip 29 97232-4116	4. FEI Number 93-1177933 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Country 25 USA	Country 30 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this report in support 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 I, as registered agent, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Donald N. Furman
STREET ADDRESS		2.3 STREET ADDRESS	President
CITY-ST-ZIP		2.4 CITY-ST-ZIP	700 NE Multnomah, #1600
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	SVP & COO
STREET ADDRESS		3.3 STREET ADDRESS	Brian D. Sickels
CITY-ST-ZIP		3.4 CITY-ST-ZIP	700 NE Multnomah, #1600
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Vice President
STREET ADDRESS		4.3 STREET ADDRESS	Kimball R. Rasmussen
CITY-ST-ZIP		4.4 CITY-ST-ZIP	825 NE Multnomah, #300
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Secretary
STREET ADDRESS		5.3 STREET ADDRESS	Sally A. Nofziger
CITY-ST-ZIP		5.4 CITY-ST-ZIP	700 NE Multnomah, #1600
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Treasurer
STREET ADDRESS		6.3 STREET ADDRESS	William E. Peressini
CITY-ST-ZIP		6.4 CITY-ST-ZIP	825 NE Multnomah, #1900

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.07(3)(b), 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sally A. Nofziger

April 28, 1998

503 731 2144

Date

Daytime Phone #

CR2E034 (10/97)