

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 11, 1999 8:00 am
Secretary of State
 08-11-1999 90015 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # F98000001584
 1. Corporation Name
 CLYDE CORPORATION



Principal Place of Business: 650 SOUTH CHERRY STREET, SUITE 1100, DENVER CO 80246
 Mailing Address: 650 SOUTH CHERRY STREET, SUITE 1100, DENVER CO 80246

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2600 NE Andresen Road		26 1211 SW Fifth Avenue		03/16/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 Suite 1500		49-1259688	
City & State		City & State		Applied For	
23 Vancouver, WA		28 Portland, OR		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 98661		29 97204		8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25 USA		30 USA		5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525				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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCD GARDENSWARTZ, WAYNE <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 17TH STREET, STE 300	1.2 NAME	
STREET ADDRESS	DENVER CO	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	SD SUBER, CYNTHIA A <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	600 17TH STREET, STE 300	2.2 NAME	
STREET ADDRESS	DENVER CO	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	T PETERSON, JIM <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	2600 NE ANDRESEN ROAD	3.2 NAME	PD
STREET ADDRESS	VANCOUVER WA	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	98661
TITLE	D DUNNING, ROSS <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12 BOUNDARY STREET	4.2 NAME	
STREET ADDRESS	SOUTH BRISBANE AUSTRALIA	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	Hertel, Myron J.
STREET ADDRESS		5.3 STREET ADDRESS	2600 NE Andresen Road
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Vancouver, WA 98661
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: _____ 360-993-0515

CR2E034 (5/99)

F98000001584
604400-000154

PERKINS COIE LLP

1211 SOUTHWEST FIFTH AVENUE, SUITE 1500 · PORTLAND, OREGON 97204-3715
TELEPHONE: 503 727-2000 · FACSIMILE: 503 727-2222

MARCELLA C. GEMELLI
(503) 727-2010
gemem@perkinscoie.com

August 2, 1999

Annual Reports Filings
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

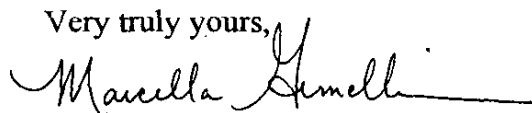
Re: Clyde Corporation; 1999 Profit Corporation Annual Report

Ladies and Gentlemen:

Enclosed for filing is the original 1999 Profit Corporation Annual Report for Clyde Corporation and one copy. Please file the original, date stamp the copy and return it to our office in the enclosed self-addressed, stamped envelope.

I spoke with a representative in the division of corporations on July 14, 1999. I explained that we never received a first notice for the annual report renewal. Thus, additionally enclosed is a check in the amount of \$150 in payment of the applicable filing fee.

Should you have any questions regarding this filing, please feel free to contact me.

Very truly yours,

Marcella C. Gemelli
Paralegal Assistant

MCG:mcg
Enclosure
cc w/o enc: Myron J. Hertel
Roy W. Tucker

[29262-0001/PA992140.013]