

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000001584

1. Entity Name
CLYDE CORPORATION

FILED
Sep 13, 2000 8:00 am
Secretary of State

09-13-2000 90017 030 ***550.00

Principal Place of Business
2600 NE ANDERSON RD
VANCOUVER WA 98661
US

Mailing Address
1211 SW FIFTH AVE
SUITE 1500
PORTLAND OR 97204
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number ~~40-1259688~~
42-1259688

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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]*
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

This corporation is eligible to satisfy its Intangible tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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	PCD	<input checked="" type="checkbox"/> Delete
NAME	GARDENSWARTZ, WAYNE	
STREET ADDRESS	600 17TH STREET, STE 300	
CITY-ST-ZIP	DENVER CO	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SUBER, CYNTHIA A	
STREET ADDRESS	600 17TH STREET, STE 300	
CITY-ST-ZIP	DENVER CO	
TITLE	PD	<input type="checkbox"/> Delete
NAME	PETERSON, JIM	
STREET ADDRESS	2600 NE ANDRESEN ROAD	
CITY-ST-ZIP	VANCOUVER WA 98661	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUNNING, ROSS	
STREET ADDRESS	12 BOUNDARY STREET	
CITY-ST-ZIP	SOUTH BRISBANE AUSTRALIA	
TITLE	TSD	<input checked="" type="checkbox"/> Delete
NAME	HERTEL, MYRON J	
STREET ADDRESS	2600 NE ANDRESEN RD	
CITY-ST-ZIP	VANCOUVER WA 98661	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TSD	
STREET ADDRESS	Munsell, HAROLD	
CITY-ST-ZIP	2600 NE Andresen Rd Vancouver, WA 98661	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *[Signature]* **SIGNATURE** *[Signature]* **SIGNATURE** *[Signature]* **SIGNATURE** *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **9/11/00** Daytime Phone # **360-993-0515**

CR2E034 (5/00)