

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000002226

1. Entity Name
1-800-RECONEX, INC.

Principal Place of Business
2500 INDUSTRIAL AVE.
HUBBARD OR 97032

Mailing Address
2500 INDUSTRIAL AVE.
HUBBARD OR 97032

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 93-1242033

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 \$550.00
After September 12, 2001 Fee 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
NAME PD MEISLAHN, TODD M
STREET ADDRESS 2500 INDUSTRIAL AVE.
CITY-ST-ZIP HUBBARD OR 97032 ☒ Delete

TITLE
NAME Dave Griffes President
STREET ADDRESS 2500 Industrial Ave
CITY-ST-ZIP Hubbard, OR 97032 ☐ Change ☒ Addition

TITLE
NAME V BRANDES, JOSEPH
STREET ADDRESS 2500 INDUSTRIAL AVE.
CITY-ST-ZIP HUBBARD OR 97032 ☐ Delete

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

TITLE
NAME S BRAUN, WILLIAM E
STREET ADDRESS 2500 INDUSTRIAL AVE.
CITY-ST-ZIP HUBBARD OR 97032 ☐ Delete

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

TITLE
NAME T POWERS, DALE
STREET ADDRESS 2500 INDUSTRIAL AVE
CITY-ST-ZIP HUBBARD OR 97032 ☐ Delete

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

TITLE
NAME DC PATTERSON, DAN
STREET ADDRESS 2500 INDUSTRIAL
CITY-ST-ZIP HUBBARD OR 97032 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 REQUIRED

7/2/01

503-982-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0138864 AB

CR2E034 (5/01)

FILED
Aug 31, 2001 8:00 am
Secretary of State
08-31-2001 90115 044 ***550.00



DO NOT WRITE IN THIS SPACE