

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 27, 2006 8:00 am
Secretary of State

04-27-2006 90207 016 ***150.00

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

DO NOT WRITE IN THIS SPACE



04262006 No Chg-P CR2E034 (11/05)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/06

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GRIFFEE, DAVE
STREET ADDRESS 2500 INDUSTRIAL AVE.
CITY-ST-ZIP HUBBARD, OR 97032

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

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

TITLE D
NAME IRWIN, IAN
STREET ADDRESS 2500 INDUSTRIAL AVE
CITY-ST-ZIP HUBBARD, OR 97032

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

TITLE D
NAME GRIFFEE, DAVE
STREET ADDRESS 2500 INDUSTRIAL AVE.
CITY-ST-ZIP HUBBARD, OR 97032

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/06

DATE

503-982-8000

Daytime Phone #