


**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # F98000002226 1. Entity Name 1-800-RECONEX, INC.	
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Principal Place of Business 2500 INDUSTRIAL AVE. HUBBARD, OR 97032	Mailing Address 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
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DO NOT WRITE IN THIS SPACE

04212008 No Chg-P CR2E034 (11/05)

4. FEI Number 93-1242033	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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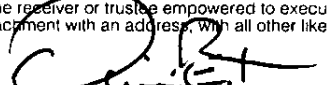
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BRANDES, JOSEPH 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GC BRAUN, WILLIAM E 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC PATTERSON, DAN 2500 INDUSTRIAL HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRIFFEE, DAVE 2500 INDUSTRIAL AVE. HUBBARD, OR 97032
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000340272
05/28/08-80060-017 150.00

**DO NOT WRITE
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:  **4/21/08** **503-482-3000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #