2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
02-02-2000 90036 026 ***150.00

DOCUMENT # F99000001990

1. Entity Name

EC ELECTRICAL CONSTRUCTION COMPANY

Principal Place of Business	Mailing Address
% BALL JANIK LLP. ATTN: DEBORA COLLARD 101 SW MAIN ST. SUITE 1100 PORTLAND OR 97204	% BALL JANIK LLP. ATTN: DEBORA COLLARD 101 SW MAIN ST. SUITE 1100 PORTLAND OR 97204-3219

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2121 NW Thurman	2121 NW Thurman
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Portland, Oregon	City & State: Portland, Oregon
Zip: 97210 Country: USA	Zip: 97210 Country: USA

4. FEI Number 93-0502566 ☐ 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
CORPAMERICA, INC. 1525 S. ANDREWS AVE, SUITE 216 FT LAUDERDALE FL 33316	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 $150.00
After MAY 1, 2000 Fee will be $550.00
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 / STREET ADDRESS / CITY-ST-ZIP	DCP DESHLER, WILLIAM K 2121 NW THURMAN PORTLAND OR 97210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO DESHLER, WILLIAM K 2121 NW THURMAN PORTLAND OR 97210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS DESHLER, WILLIAM K 2121 NW THURMAN PORTLAND OR 97210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VCOO ADAMS, GEORGE H 2121 NW THURMAN PORTLAND OR 97210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS BALL, ROBERT S 101 SW MAIN ST, SUITE 1100 PORTLAND OR 97204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV JANIK, STEPHEN T 101 SW MAIN ST, SUITE 1100 PORTLAND OR 97204	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/99)

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: Robert S. Ball, Secretary 1/27/00 (503) 228-2525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #