FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # F99000001990 EC ELECTRICAL CONSTRUCTION COMPANY 01-10-2001 90138 024 ***150.00 Principal Place of Business Mailing Address % Ball Janik LLP. Attn: Debora Collard 2121 NW Thurman Portland or 97210 % BALL JANIK LLP. ATTN: DEBORA COLLARD 2121 NW THURMAN 00001627 PORTLAND OR 97210 2. Principal Place of Business 3. Mailing Address COMOGNY/ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite: Apt. #. etc ما 8 لحن P.O. Box City & State City & State 4. FEI Number Applied For 93-0502500 Not Applicable 0902566 Zip Country \$8.75 Additional Country ับ SA 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPAMERICA, INC. Street Address (P.O. Box Number is Not Acceptable) 1525 S. ANDREWS AVE. SUITE 216 FT LAUDERDALE FL 33316 Zip Code City Fl 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. hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) DCP Addition ☐ Change ☐ Delete TITLE TITLE DESHLER, WILLIAM K JOEL J SCROGGY NAME NAME 2121 NW THURMAD 2121 NW THURMAN STREET ADDRESS STREET ADDRESS OR 97210 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97210 ☐ Change ☐ Addition CEO ☐ Delete TITLE DESHLER, WILLIAM K NAME NAME 2121 NW THURMAN STREET ADDRESS STREET ADDRESS PORTLAND OR 97210 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ~[Addition ☐ Delete TITLE DESHLER, WILLIAM K NAME NAME 2121 NW THURMAN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PORTLAND OR 97210 VCOO ☐ Delete Change ☐ Addition TITLE TITLE ADAMS, GEORGE H NAME 2121 NW THURMAN STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PORTLAND OR 97210 ☐ Addition ☐ Change Delete TITLE TITLE BALL, ROBERT S NAME NAME 101 SW MAIN ST, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PORTLAND OR 97204 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME JANIK, STEPHEN T 101 SW MAIN ST, SUITE 1100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PORTLAND OR 97204 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 attaighment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR