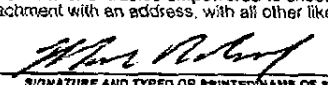


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # F99000004668 1. Entity Name PCC SPECIALTY PRODUCTS, INC.				
Principal Place of Business 4650 SW MACADAM AVE STE-300 PORTLAND, OR 97239-4262		Mailing Address 4650 SW MACADAM AVE STE-300 PORTLAND, OR 97239-4262		
DO NOT WRITE IN THIS SPACE		 03212006 No Chg-P CR2E034 (11/05)		
5. 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		
		4. FEI Number 06-1114587 Applied For Not Applicable		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required		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) 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		DO NOT WRITE IN THIS SPACE 000000528472 05/05/06-80039-019 150.00		
TITLE	CD			
NAME	DONEGAN, MARK			
STREET ADDRESS	4650 SW MACADAM AVE., SUITE 300			
CITY-ST-ZIP	PORTLAND, OR 97201			
TITLE	VD			
NAME	LARSSON, WILLIAM D			
STREET ADDRESS	4650 SW MACADAM AVE., SUITE 300			
CITY-ST-ZIP	PORTLAND, OR 97201			
TITLE	PD			
NAME	DELANEY, GREGORY M			
STREET ADDRESS	11676 PERRY HWY., BLDG. 3, STE. 3301			
CITY-ST-ZIP	WEXFORD, PA 15090			
TITLE	V			
NAME	KONKOL, DENNIS			
STREET ADDRESS	N19 W 24075 RIVERWOOD DR.			
CITY-ST-ZIP	PEWAUKEE, WI 53072			
TITLE	MGRM			
NAME	DONEGAN, MARK			
STREET ADDRESS	4650 SW MACADAM AVENUE, STE 440			
CITY-ST-ZIP	PORTLAND, OR 97239			
TITLE	MGRM			
NAME	COOKE, ROGER A			
STREET ADDRESS	4650 SW MACADAM AVENUE, STE 440			
CITY-ST-ZIP	PORTLAND, OR 97239			
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:  Mark R Roskopf		3/12/06 Date Daytime Phone #		