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	Mailing Address
4650 SW MACADAM AVE STE-300 PORTLAND, OR 97239-4262	4650 SW MACADAM AVE STE-300 PORTLAND, OR 97239-4262

DO NOT WRITE IN THIS SPACE

03212006 No Chg-P CR2E034 (11/05)

4. FEI Number
06-1114587

☐ 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

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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

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

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05/05/06-80039-019 150.00

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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 3/22/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #