2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008
Secretary of State

DOCUMENT# F99000004668

Entity Name: PCC SPECIALTY PRODUCTS, INC.

Current Principal Place of Business:

4650 SW MACADAM AVE
STE-300
PORTLAND, OR 972394262

New Principal Place of Business:

Current Mailing Address:

4650 SW MACADAM AVE
STE-300
PORTLAND, OR 972394262

New Mailing Address:

FEI Number: 06-1114587 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: DONEGAN, MARK
Address: 4650 SW MACADAM AVE., SUITE 300
City-St-Zip: PORTLAND, OR 97201

Title: VD ( ) Delete
Name: LARSSON, WILLIAM D
Address: 4650 SW MACADAM AVE., SUITE 300
City-St-Zip: PORTLAND, OR 97201

Title: PD ( ) Delete
Name: DELANEY, GREGORY M
Address: 11676 PERRY HWY., BLDG. 3, STE. 3301
City-St-Zip: WEXFORD, PA 15090

Title: V ( ) Delete
Name: KONKOL, DENNIS
Address: N19 W 24075 RIVERWOOD DR.
City-St-Zip: PEWAUKEE, WI 53072

Title: VP ( ) Delete
Name: ROSKOPF, MARK
Address: 4650 SW MACADAM AVENUE, STE 440
City-St-Zip: PORTLAND, OR 97239

Title: S ( ) Delete
Name: COOKE, ROGER A
Address: 4650 SW MACADAM AVENUE, STE 440
City-St-Zip: PORTLAND, OR 97239

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change ( ) Addition
Name: HACKETT, STEVEN G
Address: 11676 PERRY HWY., BLDG. 3, STE. 3301
City-St-Zip: WEXFORD, PA 15090

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARK ROSKOPF VP 03/05/2008

Electronic Signature of Signing Officer or Director — Date