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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morsham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P05820** (6)
1. Corporation Name
PACCOM LEASING CORPORATION

Principal Place of Business Mailing Address
825 N.E. MULTNOMAH STREET SUITE 775 PORTLAND OR 97232-2152

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **04/26/1985** 3a. Date of Last Report **05/01/1994**
4. FEI Number **93-0828230** Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 100.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 25 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when consisting)

12. OFFICERS AND DIRECTORS

TITLE	BP
NAME	HENDERSON, MICHAEL C
STREET ADDRESS	825 N.E. MULTNOMAH ST
CITY - ST - ZIP	PORTLAND OR
TITLE	BSVP
NAME	PEREGGINI, WILLIAM
STREET ADDRESS	825 NE MULTNOMAH ST
CITY - ST - ZIP	PORTLAND OR 97232
TITLE	3VP
NAME	LONGFIELD, RAIG N
STREET ADDRESS	825 N.E. MULTNOMAH ST STE 775
CITY - ST - ZIP	PORTLAND OR
TITLE	TO
NAME	BELL, JACQUELINE
STREET ADDRESS	825 N.E. MULTNOMAH ST
CITY - ST - ZIP	PORTLAND FL
TITLE	AF
NAME	WINSLOW, MICHAEL
STREET ADDRESS	825 MULTNOMAH
CITY - ST - ZIP	PORTLAND OR 97232
TITLE	AS
NAME	PENDERGRAFT, J.T.
STREET ADDRESS	825 NE MULTNOMAH ST
CITY - ST - ZIP	PORTLAND OR 97232

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	P	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Craig N. Longfield	
23 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
24 CITY - ST - ZIP	Portland, OR 97232	
31 TITLE	V/T/Controller	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Reynold Roeder	
33 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
34 CITY - ST - ZIP	Portland, OR 97232	
41 TITLE	Managing Director	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Glenn Brooks	
43 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
44 CITY - ST - ZIP	Portland, OR 97232	
51 TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	George C. Schreck	
53 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
54 CITY - ST - ZIP	Portland, OR 97232	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or as an officer with an address.

SIGNATURE:  **George C. Schreck** 4/19/95 (503)797-7200
Secretary

P05820

EXHIBIT A

PACCOM LEASING CORPORATION

P05820 (6)

Assistant Secretary

**Sally A. Nofziger
825 N.E. Multnomah St., Ste. 775
Portland, OR 97232**

Assistant Secretary

**Lenore M. Martin
825 N.E. Multnomah St., Ste. 775
Portland, OR 97232**