FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

APPROVED AND FILED
95 APR 27 AM 8:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P07205** **(8)**

1. Corporation Name
PACIFICORP CREDIT, INC.

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

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **08/26/1985**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24:
County — 25:
Zip — 29:
County — 30:

4. FEI Number: **93-0896440** ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when mandatory)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	V	☒ Change ☒ Addition
NAME	~~GLASGOW, WILLIAM J.~~	12 NAME	Reynold Roeder	
STREET ADDRESS	~~825 N.E. MULTNOMAH ST., NO. 775~~	13 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
CITY-ST-ZIP	~~PORTLAND OR~~	14 CITY-ST-ZIP	Portland, OR 97232	
TITLE	~~VPD~~	21 TITLE	T	☒ Change ☐ Addition
NAME	PERESSINI, WILLIAM E.	22 NAME		
STREET ADDRESS	825 N.E. MULTNOMAH ST., NO. 775	23 STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR	24 CITY-ST-ZIP		
TITLE	~~VPD~~	31 TITLE	D	☒ Change ☐ Addition
NAME	HENDERSON, MICHAEL C.	32 NAME		
STREET ADDRESS	825 N.E. MULTNOMAH ST., NO. 775	33 STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR	34 CITY-ST-ZIP		
TITLE	~~GVP~~	41 TITLE	P/D	☒ Change ☐ Addition
NAME	LONGFIELD, CRAIG N	42 NAME		
STREET ADDRESS	825 N.E. MULTNOMAH ST., NO. 775	43 STREET ADDRESS		
CITY-ST-ZIP	PORTLAND OR	44 CITY-ST-ZIP		
TITLE	~~T~~	51 TITLE	Managing Director	☒ Change ☒ Addition
NAME	~~LANZ, ROBERT F.~~	52 NAME	Glenn Brooks	
STREET ADDRESS	~~825 N.E. MULTNOMAH ST., NO. 775~~	53 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
CITY-ST-ZIP	~~PORTLAND OR~~	54 CITY-ST-ZIP	Portland, OR 97232	
TITLE	~~C~~	61 TITLE	S	☒ Change ☒ Addition
NAME	~~BELL, JACQUELINE S.~~	62 NAME	Sally A. Nofziger	
STREET ADDRESS	~~825 N.E. MULTNOMAH ST., NO. 775~~	63 STREET ADDRESS	825 NE Multnomah St., Ste. 775	
CITY-ST-ZIP	~~PORTLAND OR~~	64 CITY-ST-ZIP	Portland, OR 97232	

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)(i), 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 on an attachment with an address.

SIGNATURE: George C. Schreck 4/19/95 (503)797-7200
SIGNATURE AND TYPED OR PRINTED NAME OF MORNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Asst. Secretary

0402127 FP

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EXHIBIT A

PACIFICORP CREDIT, INC.

P07205 (8)

Assistant Secretary	Lenore M. Martin 825 N.E. Multnomah St., Ste. 775 Portland, OR 97232
Assistant Secretary	Gary R. Barnum 825 N.E. Multnomah St., Ste. 775 Portland, OR 97232
Assistant Secretary	J.T. Pendergraft 825 N.E. Multnomah St., Ste. 775 Portland, OR 97232
Assistant Secretary	Michael T. Winslow 825 N.E. Multnomah St., Ste. 775 Portland, OR 97232
Assistant Secretary	Jeremy D. Weinstein 825 N.E. Multnomah St., Ste. 775 Portland, OR 97232
Assistant Secretary	George C. Schreck 825 N.E. Multnomah St., Ste. 775 Portland, OR 97232