

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Feb 03 1997 8:00am  
Secretary of StatePROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**DOCUMENT # P07205****(8)**

1. Corporation Name

**PACIFICORP CREDIT, INC.**

Principal Place of Business

**825 N.E. MULTNOMAH STREET  
SUITE 775  
PORTLAND OR 97232-2152**

Mailing Address

**825 N.E. MULTNOMAH STREET  
SUITE 775  
PORTLAND OR 97232-2152**

3. Date Incorporated or Qualified

**08/26/1985**

3a. Date of Last Report

**04/30/1996**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **V** ☐ DELETENAME **ROEDER, REYNOLD**  
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 775**  
CITY - ST - ZIP **PORTLAND OR 97232**TITLE **T** ☐ DELETENAME **PERESSINI, WILLIAM E.**  
STREET ADDRESS **825 N.E. MULTNOMAH ST., NO. 775**  
CITY - ST - ZIP **PORTLAND OR 97232**TITLE **D** ☐ DELETENAME **HENDERSON, MICHAEL C.**  
STREET ADDRESS **825 N.E. MULTNOMAH ST., NO. 775**  
CITY - ST - ZIP **PORTLAND OR 97232**TITLE **PD** ☐ DELETENAME **LONGFIELD, CRAIG N**  
STREET ADDRESS **825 N.E. MULTNOMAH ST., NO. 775**  
CITY - ST - ZIP **PORTLAND OR 97232**TITLE **MD** ☐ DELETENAME **BROOKS, GLENN**  
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 775**  
CITY - ST - ZIP **PORTLAND OR 97232**TITLE **S** ☐ DELETENAME **NOFZIGER, SALLY A**  
STREET ADDRESS **825 NE MULTNOMAH ST., STE. 775**  
CITY - ST - ZIP **PORTLAND OR 97232**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
**SEE EXHIBIT A ATTACHED FOR A  
COMPLETE LIST OF OFFICERS AND  
DIRECTORS**2.1 TITLE ☐ Change ☐ Addition2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP3.1 TITLE ☐ Change ☐ Addition3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP4.1 TITLE ☐ Change ☐ Addition4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP6.1 TITLE ☐ Change ☐ Addition6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing 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, Assistant Secretary****1/7/97****(503) 797-6417**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)

**EXHIBIT A**

**PACIFICORP CREDIT, INC.**

**P07205 (8)**

**Controller  
Assistant Treasurer  
Assistant Treasurer  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary  
Assistant Secretary**

**Peter J. Craven  
Bruce N. Williams  
John F. Fryer  
George C. Schreck  
Jeremy Weinstein  
Lenore M. Martin  
J.T. Pendergraft**

**ADDRESS FOR ABOVE OFFICERS:**

**825 NE Multnomah Street, Suite 775  
Portland, OR 97232**