

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

**FILED**  
**Feb 03 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P07205 (8)**  
 1. Corporation Name  
**PACIFICORP CREDIT, INC.**



Principal Place of Business <b>825 N.E. MULTNOMAH STREET                  SUITE 775                  PORTLAND OR 97232-2152</b>	Mailing Address <b>825 N.E. MULTNOMAH STREET                  SUITE 775                  PORTLAND OR 97232-2152</b>
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3. Date Incorporated or Qualified <b>08/26/1985</b>	3a. Date of Last Report <b>04/30/1996</b>
4. FEI Number <b>93-0896440</b>	Applied For <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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  
 85 Zip Code  
**FL**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>ROEDER, REYNOLD</b>
STREET ADDRESS	<b>825 NE MULTNOMAH ST., STE. 775</b>
CITY-ST-ZIP	<b>PORTLAND OR 97232</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PERESSINI, WILLIAM E.</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH ST., NO. 775</b>
CITY-ST-ZIP	<b>PORTLAND OR 97232</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HENDERSON, MICHAEL C.</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH ST., NO. 775</b>
CITY-ST-ZIP	<b>PORTLAND OR 97232</b>
TITLE	<b>PD</b> <input type="checkbox"/> DELETE
NAME	<b>LONGFIELD, CRAIG N</b>
STREET ADDRESS	<b>825 N.E. MULTNOMAH ST., NO. 775</b>
CITY-ST-ZIP	<b>PORTLAND OR 97232</b>
TITLE	<b>MD</b> <input type="checkbox"/> DELETE
NAME	<b>BROOKS, GLENN</b>
STREET ADDRESS	<b>825 NE MULTNOMAH ST., STE. 775</b>
CITY-ST-ZIP	<b>PORTLAND OR 97232</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>NOFZIGER, SALLY A</b>
STREET ADDRESS	<b>825 NE MULTNOMAH ST., STE. 775</b>
CITY-ST-ZIP	<b>PORTLAND OR 97232</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

SEE EXHIBIT A ATTACHED FOR A COMPLETE LIST OF OFFICERS AND DIRECTORS

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 on an attachment with an address.

SIGNATURE: George C. Schreck, (Asst.) Secretary Date: **1/7/97** Daytime Phone #: **(503) 797-6417**

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**