

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

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Jun 02 1998 8:00am
Secretary of State

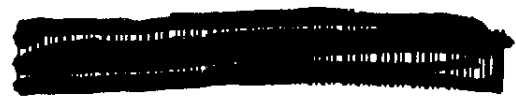
PROFIT CORPORATION ANNUAL REPORT 1998



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



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

3. Date Incorporated or Qualified: 08/26/1985
3a. Date of Last Report: 04/30/1997
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
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)

12. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> DELETE
NAME	ROEDER, REYNOLD	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PERESSINI, WILLIAM E.	
STREET ADDRESS	825 N.E. MULTNOMAH ST., NO. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	LONGFIELD, CRAIG N	
STREET ADDRESS	825 N.E. MULTNOMAH ST., NO. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	MO	<input type="checkbox"/> DELETE
NAME	BROOKS, GLENN	
STREET ADDRESS	825 NE MULTNOMAH ST., STE. 775	
CITY-ST-ZIP	PORTLAND OR 97232	
TITLE	S	<input type="checkbox"/> DELETE
NAME	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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SEE EXHIBIT A ATTACHED FOR A COMPLETE LIST OF OFFICERS AND DIRECTORS
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	800002547518
6.3 STREET ADDRESS	-06/04/98--01033--032
6.4 CITY-ST-ZIP	***450.00

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: *Glenn Brooks* Glenn Brooks Assistant Secretary 5/7/98 (503) 797-6417

EXHIBIT A

PACIFICORP CREDIT, INC.

File # P07205(8)

OFFICERS

Craig N. Longfield	President
Reynold Roeder	Vice President
Glenn Brooks	Managing Director
Peter J. Craven	Controller
William E. Peressini	Treasurer
Bruce N. Williams	Assistant Treasurer
John F. Fryer	Assistant Treasurer
Sally A. Nofziger	Secretary
Lenore M. Martin	Assistant Secretary
J.T. Pendergraft	Assistant Secretary
Jeremy D. Weinstein	Assistant Secretary
Glenn Brooks	Assistant Secretary

ADDRESS FOR ABOVE OFFICERS: 825 N.E. Multnomah St., Ste. 775
Portland, OR 97232

DIRECTOR

Craig N. Longfield

ADDRESS FOR ABOVE DIRECTORS: 825 N.E. Multnomah St., Ste. 775
Portland, OR 97232