


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

**FILED**  
**Jun 09, 1999 8:00 am**  
**Secretary of State**

06-09-1999 90007 008 \*\*\*550.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P17120**

1. Corporation Name  
**CASCADE DISABILITY MANAGEMENT, INC.**

Principal Place of Business  
**4601 NE 77TH AVE #250  
P O BOX 2099  
VANCOUVER WA 98668**

Mailing Address  
**4601 NE 77TH AVE #250  
P O BOX 2099  
VANCOUVER WA 98668**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>12/09/1987</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>91-1358276</b>	
City & State <b>23</b>		City & State <b>28</b>		Applied For Not Applicable	
Zip <b>24</b>		Country <b>25</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
Zip <b>29</b>		Country <b>30</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City <b>FL</b> 85 Zip Code	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANCASTER, BOB</b>	1.2 NAME	
STREET ADDRESS	<b>4601 NE 77TH AVE</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VANCOUVER WA</b>	1.4 CITY-ST-ZIP	
TITLE	<b>VP</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIGHT, CAROLYN L</b>	2.2 NAME	
STREET ADDRESS	<b>4601-NE-77TH AVENUE, SUITE 250</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>VANCOUVER WA 98662</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SVP</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLVAR, BARRY S</b>	3.2 NAME	
STREET ADDRESS	<b>175 BERKELEY STRET</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	3.4 CITY-ST-ZIP	
TITLE	<b>T</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>NICKERSON, MATHEW D</b>	4.2 NAME	
STREET ADDRESS	<b>175 BERKELEY STREET</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	4.4 CITY-ST-ZIP	
TITLE	<b>CEOD</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RAMEY, THOMAS</b>	5.2 NAME	
STREET ADDRESS	<b>175 BERKELEY STREET</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>POTTER, JOHN H</b>	6.2 NAME	
STREET ADDRESS	<b>175 BERKELEY STREET</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BOSTON MA 02117</b>	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/99

(360) 892-8855

Date

Daytime Phone #

CR2E034 (11/98)