

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**FILED**  
95 JUN 13 PM 3:37  
STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P20909**

1. Corporation Name  
**Ellenburg Capital Corporation**

Principal Place of Business Mailing Address  
**5550 S.W. Macadam Avenue, #200 Same  
Portland, Oregon 97201**

3. Date Incorporated or Qualified **09/15/88** 3a. Date of Last Report  
4. FEI Number **94-2616421** 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 intangibles under s. 199.03,  
Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 **5550 S.W. Macadam Avenue** 26 **5550 S.W. Macadam Avenue**  
State, Apt. # etc. State, Apt. #, etc.  
22 **#200** 27 **#200**  
City & State City & State  
23 **Portland, Oregon** 28 **Portland, Oregon**  
Zip Country Zip Country  
24 **97201** 25 **USA** 29 **97201** 30 **USA**

9. Name and Address of Current Registered Agent  
**Greg Dawson, Esq.  
Barnett Bank Building  
100 Laura Street  
Jacksonville, FL 32202**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Numbers 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 \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	Chairman of the Board/Director	<input type="checkbox"/> DELETE
NAME	Gerald D. Ellenburg	
STREET ADDRESS	5550 S.W. Macadam Avenue, #200	
CITY, ST, ZIP	Portland, Oregon 97201	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Kristin Mary Tomczak	
STREET ADDRESS	5550 S.W. Macadam Avenue, #200	
CITY, ST, ZIP	Portland, Oregon 97201	
TITLE	President/Director	<input type="checkbox"/> DELETE
NAME	Barry L. Haase	
STREET ADDRESS	3 Bethesda Metro Center, #508	
CITY, ST, ZIP	Bethesda, Maryland 20814	
TITLE	Director	<input type="checkbox"/> DELETE
NAME	Robert E.C. Wegner	
STREET ADDRESS	106 Beechwood Road	
CITY, ST, ZIP	Summit, Jew Jersey 07901	
TITLE	Executive Vice President	<input type="checkbox"/> DELETE
NAME	Kathryn Policar	
STREET ADDRESS	5550 S.W. Macadam Avenue, #200	
CITY, ST, ZIP	Portland, Oregon 97201	
TITLE	Sr. Vice President/Secretary	<input type="checkbox"/> DELETE
NAME	Anthonie H. Woller	
STREET ADDRESS	5550 S.W. Macadam Avenue, #200	
CITY, ST, ZIP	Portland, Oregon 97201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
12 NAME	<b>600001868586</b>
13 STREET ADDRESS	<b>-06/20/96--01014--003</b>
14 CITY, ST, ZIP	<b>****225.00 ****225.00</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY, ST, ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY, ST, ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY, ST, ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	

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)(k), 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: *Anthonie H. Woller* **Anthonie H. Woller** **June 13, 1996** **503/274-2200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)