

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # P20909 (8)

1. Corporation Name
ELLENBURG CAPITAL CORPORATION



Principal Place of Business: 5550 SW MACADAM #200 PORTLAND OR 97201
Mailing Address: 5550 SW MACADAM #200 PORTLAND OR 97201

3. Date Incorporated or Qualified: 09/15/1988
3a. Date of Last Report: 06/15/1995
4. FEI Number: 94-2616421
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. 199.03? Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**DAWSON, GREG, 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 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: Signature typed or printed name of registered agent and the applicable (FIDP) Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	ELLENBURG, GERALD D	
STREET ADDRESS	5550 SW MACADA, 200	
CITY-ST-ZIP	PORTLAND OR	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BAASE, BARRY L	
STREET ADDRESS	4910 MASSACHUSETTS AVENUE, NW 219	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VPA	<input type="checkbox"/> DELETE
NAME	POLICAR, KATHRYN M	
STREET ADDRESS	5550 SW MACADAM, 200	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VPAM	<input checked="" type="checkbox"/> DELETE
NAME	BOLER, ROBERT. L.	
STREET ADDRESS	5550 SW MACADAM, 200	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VPSG	<input type="checkbox"/> DELETE
NAME	WOLLER, ANTHONIE H	
STREET ADDRESS	5550 SW MACADAM, 200	
CITY-ST-ZIP	PORTLAND OR	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMCZAK, KRISTIN M	
STREET ADDRESS	5550 SW MACADA, 20	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Addition
42 NAME	VPAM DIANA BISHOP
43 STREET ADDRESS	5550 SW MACADAM, SUITE 200
44 CITY-ST-ZIP	PORTLAND, OR 97201
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	300001922653
63 STREET ADDRESS	-08/15/96--01005--004
64 CITY-ST-ZIP	***675.00

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Diana Bishop* DIANA BISHOP 6/12/96 503-274-2200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/96)

8/15/92