

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

**FILED**

**Feb 12 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 # P20909 (8)**

1. Corporation Name  
**ELLENBURG CAPITAL CORPORATION**



Principal Place of Business <b>5550 S.W. MACADAM AVENUE SUITE 200 PORTLAND OR 97201</b>	Mailing Address <b>5550 S.W. MACADAM AVENUE SUITE 200 PORTLAND OR 97201-3789</b>
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3. Date Incorporated or Qualified <b>09/15/1988</b>	3a. Date of Last Report <b>06/18/1996</b>
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2. Principal Place of Business 21 <b>33 N. GARDEN AVENUE</b>	2a. Mailing Address 26 <b>10011 SEDINISION</b>
Suite, Apt. #, etc. 22 <b>SUITE 950</b>	Suite, Apt. #, etc. 27 <b>305</b>
City & State 23 <b>CLEARWATER, FL</b>	City & State 28 <b>Portland OR</b>
Zip 24 <b>34615</b>	Country 25
Country 25	Zip 29 <b>97266</b>
Country 25	Country 30

4. FEI Number <b>94-2616421</b>	Applied For 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 type="checkbox"/> No	

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

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	CD	<input type="checkbox"/> DELETE
NAME	ELLENBURG, GERALD D	
STREET ADDRESS	5550 SW MACADA AVENUE, #200	
CITY-ST-ZIP	PORTLAND OR 97201	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HAASE, BARRY L	
STREET ADDRESS	3 BETHESDA METRO CENTER, #508	
CITY-ST-ZIP	BETHESDA MD 20814	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	POLICAR, KATHRYN	
STREET ADDRESS	5550 SW MACADAM AVENUE, #200	
CITY-ST-ZIP	PORTLAND OR 97201	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMCZAK, KRISTIN M	
STREET ADDRESS	5550 SW MACADAM AVENUE, #200	
CITY-ST-ZIP	PORTLAND OR 97201	
TITLE	VS	<input checked="" type="checkbox"/> DELETE
NAME	WOLLER, ANTHONIE H	
STREET ADDRESS	5550 SW MACADAM AVENUE, #200	
CITY-ST-ZIP	PORTLAND OR 97201	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WEGNER, ROBERT E	
STREET ADDRESS	5550 SW MACADA AVENUE, #200	
CITY-ST-ZIP	PORTLAND OR 97201	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WILLIAMS, DENISE	
1.3 STREET ADDRESS	33 N. GARDEN AVE., SUITE 950	
1.4 CITY-ST-ZIP	CLEARWATER, FL 34615	
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		

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, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ (813) 447-0900

SIGNATURE AND TYPED OR PRINTED NAME OF SECRETARY OF STATE \_\_\_\_\_ Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)