

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 MAR -7 AM 8:48

DOCUMENT # P25781

(6)

1. Corporation Name

GRAPHIC ARTS CENTER, INC.

Principal Place of Business

Mailing Address

C/O GRAPHIC ARTS CENTER, INC.  
2000 N.W. WILSON STREET  
PORTLAND OR 97209

C/O GRAPHIC ARTS CENTER, INC.  
2000 N.W. WILSON STREET  
PORTLAND OR 97209

3. Date Incorporated or Qualified  
09/07/1989

3a. Date of Last Report  
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country

26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country

4. FEI Number

93-1008554

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

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

400001735274  
-03/07/96--01031--001  
\*\*\*200.00  
FL 05\*\*25,000.00

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HELLMAN, ROBERT B.  
3000 SAND HLL RD, #3, #290  
MENLO PARK CA  
DELETED  
D  
PAGE, DAVID L  
2000 NW WILSON ST.  
PORTLAND OR 97209  
DELETED  
CD  
MCCOWN, GEORGE E.  
3000 SAND HLL RD, #3, #209  
MENLO PARK CA  
DELETED  
PCD  
STAMMERS, FRANK M.  
2000 N.W. WILSON STREET  
PORTLAND OR  
DELETED  
D  
MILLER, JON  
2000 NW WILSON  
PORTLAND OR 97209  
DELETED  
D  
REEDER, STUART  
31794 S.W. RIEDWEG RD.  
CORNELIUS OR  
DELETED

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
D  
Paul V. Reilly  
23 Inverness Way East  
Englewood, CO 80112  
Change Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
D  
Robert J. Terry  
23 Inverness Way East  
Englewood, CO 80112  
Change Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
C  
Gerald F. Mahoney  
23 Iverness Way East  
Englewood, CO 80112  
Change Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
V  
Pat M. Hevrdejs  
2000 NW Wilson St  
Portland, OR 97209  
Change Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
V  
Frank M. Violi  
2000 NW Wilson St  
Portland, OR 97209  
Change Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
V  
Steven M. Williamson  
2000 NW Wilson St  
Portland, Or 97209  
Change Addition

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 118.07(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: Pat M. Hevrdejs

Pat M. Hevrdejs 1/24/96 (503) 224-7777

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)