

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

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Feb 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P25781** (6)

1. Corporation Name
GRAPHIC ARTS CENTER, INC.



Principal Place of Business 2000 N.W. WILSON STREET PORTLAND OR 97209	Mailing Address 2000 N.W. WILSON STREET PORTLAND OR 97209-1817
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/07/1989	3a. Date of Last Report 03/07/1996
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	4. FEI Number 93-1008554		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301				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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D/P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REILLY, PAUL V	1.2 NAME	Ronald J. Jensen
STREET ADDRESS	23 INVERNESS WAY E.	1.3 STREET ADDRESS	2000 NW Wilson Street
CITY-ST-ZIP	ENGLEWOOD CO 80112	1.4 CITY-ST-ZIP	Portland, OR 97209
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TERRY, ROBERT J	2.2 NAME	Frank M. Stammers
STREET ADDRESS	23 INVERNESS WAY E.	2.3 STREET ADDRESS	2000 NW Wilson Street
CITY-ST-ZIP	ENGLEWOOD CO 80112	2.4 CITY-ST-ZIP	Portland, OR 97209
TITLE	C <input type="checkbox"/> DELETE	3.1 TITLE	V/S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAHONEY, GERALD F	3.2 NAME	Rogen Wertheimer
STREET ADDRESS	23 INVERNESS WAY E.	3.3 STREET ADDRESS	23 Inverness Way East
CITY-ST-ZIP	ENGLEWOOD CO 80112	3.4 CITY-ST-ZIP	Englewood, CO 80112
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEVRDEJS, PAT M	4.2 NAME	
STREET ADDRESS	2000 NW WILSON ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97209	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIOLI, FRANK M	5.2 NAME	
STREET ADDRESS	2000 NW WILSON ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97209	5.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMSON, STEVEN M	6.2 NAME	
STREET ADDRESS	2000 NW WILSON ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR 97209	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:  SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13 97 (500) 224-7777
Date Daytime Phone

CR2E034 (9/96)