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Jan 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/07/1989

4. FEI Number

93-1008554

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is 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

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 D ☐ DELETE

NAME REILLY, PAUL V
STREET ADDRESS 23 INVERNESS WAY E.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE D ☐ DELETE

NAME TERRY, ROBERT J
STREET ADDRESS 23 INVERNESS WAY E.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE C ☐ DELETE

NAME MAHONEY, GERALD F
STREET ADDRESS 23 INVERNESS WAY E.
CITY-ST-ZIP ENGLEWOOD CO 80112

TITLE V ☐ DELETE

NAME HEVRDEJS, PAT M

1.1 TITLE D/P ☐ Change ☒ Addition

1.2 NAME Ronald J Jensen
1.3 STREET ADDRESS 2000 NW Wilson Street
1.4 CITY-ST-ZIP Portland, OR 97209

2.1 TITLE V/S ☐ Change ☒ Addition

2.2 NAME Roger Wertheimer
2.3 STREET ADDRESS 23 Inverness Way East
2.4 CITY-ST-ZIP Englewood, CO 80112

3.1 TITLE P ☒ Change ☐ Addition

3.2 NAME Frank M. Stammers
3.3 STREET ADDRESS 2000 NW Wilson St
3.4 CITY-ST-ZIP Portland, OR 97209

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

CITY-ST-ZIP PORTLAND OR 97209

TITLE D ☒ DELETE

NAME STAMMERS, FRANK M.
STREET ADDRESS 2000 NW WILSON ST
CITY-ST-ZIP PORTLAND OR

TITLE V ☐ DELETE

NAME WILLIAMSON, STEVEN M
STREET ADDRESS 2000 NW WILSON ST
CITY-ST-ZIP PORTLAND OR 97209

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Heavie Arts Center, Inc.*
Pat M. Heavie

1-16-98

503-224-7777

CR2E034 (10/97)