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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P25781
 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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified 09/07/1989	
4. FEI Number 93-1008554	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

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	D V.P.	<input type="checkbox"/> DELETE
NAME	REILLY, PAUL V	
STREET ADDRESS	23 INVERNESS WAY E.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TERRY, ROBERT J	
STREET ADDRESS	23 INVERNESS WAY E.	
CITY-ST-ZIP	ENGLEWOOD CO 80112	
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	STAMMERS, FRANK M	
STREET ADDRESS	2000 NW WILSON ST	
CITY-ST-ZIP	PORTLAND OR 97209	
TITLE	V	<input type="checkbox"/> DELETE
NAME	HEVRDEJS, PAT M	
STREET ADDRESS	2000 NW WILSON ST	
CITY-ST-ZIP	PORTLAND OR 97209	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, RONALD J	
STREET ADDRESS	2000 NW WILSON ST	
CITY-ST-ZIP	PORTLAND OR 97209	
TITLE	V	<input type="checkbox"/> DELETE
NAME	WILLIAMSON, STEVEN M	
STREET ADDRESS	2000 NW WILSON ST	
CITY-ST-ZIP	PORTLAND OR 97209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	DOUGLAS A. MAHONEY	
1.3 STREET ADDRESS	03 INVERNESS WAY EAST	
1.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	
2.1 TITLE	SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ROGER WERTHEIMER	
2.3 STREET ADDRESS	03 INVERNESS WAY EAST	
2.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	
3.1 TITLE	V.P.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	MARK ZOELLER	
3.3 STREET ADDRESS	03 INVERNESS WAY EAST	
3.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	
4.1 TITLE	V.P. - TREASURER-TAX	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	ROBERT MEYER	
4.3 STREET ADDRESS	03 INVERNESS WAY EAST	
4.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GERALD MAHONEY	
5.3 STREET ADDRESS	03 INVERNESS WAY EAST	
5.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	
6.1 TITLE	V.P.	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	MIKE ZAWALSKI	
6.3 STREET ADDRESS	03 INVERNESS WAY EAST	
6.4 CITY-ST-ZIP	ENGLEWOOD, CO 80112	

14. I 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, with all other like empowered

SIGNATURE: J. Robert Meyer V.P. - TREASURER - TAX 2/22/99 (303) 740-8023
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)