PROFIT CORPORATION ANNUAL REPORT FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

COR ANNU	PORATION JAL REPORT 1996	Sandra I Secreta	RTMENT OF STATE B. Mortham try of State CORPORATIONS	E		
DOCUI 1. Corporation	MENT # P2993	4 (7)				
FREIG	HTLINER CORPORATION					
Principal Place	of Business	Mailing Address			E NEBALORA AND ALDIO ROLAN ABIRD AXA	H OIDH DION CIGH EIBH DION GION CION FION
4747 N. CHANNEL AVE. PORTLAND OR 97217 4747 N. CHANNEL AVE. PORTLAND OR 97217			Ε.			
				3	Date Incorporated or Qualified 06/18/1990	3a. Date of Last Report 04/20/1995
2. Principal Pla	ice of Business	2a. Mailing Address		4.	FEI Number	Applied For
Suite, Apt. 1	t etc.	Suite, Apt. #, etc.			93-0790608	Not Applicable
22		27		5.	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State 23		City & State		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip ·	Country 25	Zip 29	Country	8.	This corporation has liability for it	
24	9. Name and Address of Current		[30]	10	Florida Statutes Yes Name and Address of New Re	-
			81 Nan			
	RPORATION SYSTEM		82 Stre	et Address (P	P.O. Box Number is Not Acceptable	le)
	PINE ISLAND ROAD		83			
PLANIA	ATION FL 33324					
			84 City			E1 85 Zip Code
11. Pursuant to	the provisions of Sections 607.0502	and 607,1508, Florida Statutes	s, the above named	corporation s	submits this statement for the purp	pose of changing its registered office
O TOGISTOR	ed agent, or both, in the State of Florida n, and accept the obligations of, Section	i. Such change was aumorized	3 by the corporation	n's board of d	lirectors. I hereby accept the appo	pintment as registered agent. I am
SIGNATURE _	Signature typed or printed name of registered agent ar	nd little if acadinable (NOT)	: Registered Agent signatu			
12.	OFFICERS AND		13.	re required when is	ADDITIONS/CHANGES TO OFFI	DATE CERS AND DIRECTORS IN 12
TITLE	CEO	☐ DELETE	1. 1 TITLE			Change Addition
NAME	HEBE, JAMES L.		1.2 NAME			
STREET ADDRESS	4747 N. CHANNEL AVENUE		1.3 STREET ADDRES	ss		
CITY - ST - ZIP TITLE	PORTLAND OR	DELETE	1.4 CITY - ST - ZiP			
NAME	HEBE, JAMES L.		2.1 TITLE 2.2 NAME	PD		Change C Addition
STREET ADDRESS	4747 N. CHANNEL AVENUE		2.3 STREET ADORES	is l		
	PORTLAND OR		2 4 CITY - ST - ZIP	~		
TITLE	V	☐ DELETE	3 1 TITLE	VD		X Change Addition
NAME	SCHMUECKLE, RAINER E		3 2 NAME			
STREET ADDRESS	4747 NO CHANNEL AVE		3.3. STREET ADDRES	SS		
CITY-S1-ZIP TITLE	PORTLAND OR	XX DELETE	4. 1 TITLE	ļ <u>.</u>		T 01
NAME	VD Beckeberg, Harry W.		4.1 TIFLE 4.2 NAME	VD CHOTS	STOPHER W. PATTERS	Change K Addition
STREET ADDRESS	4747 N. CHANNEL AVENUE		4.2 NAVIS 4.3 STREET ADDRESS	1	N. CHANNEL AVENUE	
CITY-S*-ZIP	PORTLAND OR		4.4 CiTY - ST - ZiP	PORTI		•
TITLE	VSD	☐ DELETE	5 1 TITLE			Change Addition
NAME	HUBLER, JAMES T.		5.2 NAME			
STREET ADDRESS	4747 N. CHANNEL AVENUE		5.3 STREET ADDRESS	\$		
CITY+ST-ZIP TITLE	PORTLAND OR	☐ DELFTE	54 CHY+ST-ZIP			
NAME	gordon, William G.	C) but it	6 1 THTLE 6.2 NAME			☐ Change ☐ Addition
STREET ADDRESS	4747 N. CHANNEL AVENUE		6.3 STREET ADDRESS	s		
0171/ 07 710	DODTI AND OD		and a second	-		

City: St-ZiP PORTLAND OR

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 119.07(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 cath; 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 challengt, or on an attachment with an address.

SIGNATURE: William G. Gordon - Treasurer April 18, 1996