


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

FILED  
Jan 21 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P30250 (5)</b> 1. Corporation Name <b>PREMIER ONE, INC.</b>		

Principal Place of Business <b>851 SW SIXTH AVENUE #900 PORTLAND OR 97204-1346</b>	Mailing Address <b>851 SW SIXTH AVENUE #900 PORTLAND OR 97204-1346</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified <b>07/18/1990</b>		4. FEI Number <b>56-0945039</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324</b>				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 <b>FL</b>			
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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 re-registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DVS	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DUNN, GREG T			1.2 NAME			
STREET ADDRESS	851 SW 6TH AVENUE, SUITE 900			1.3 STREET ADDRESS			
CITY-ST-ZIP	PORTLAND OR			1.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	TRUAX, JAMES M.			2.2 NAME			
STREET ADDRESS	851 S.W. 6TH AVE., SUITE 900			2.3 STREET ADDRESS			
CITY-ST-ZIP	PORTLAND OR			2.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KAPLAN, JOEL S			3.2 NAME			
STREET ADDRESS	851 SW 6TH AVENUE, SUITE 900			3.3 STREET ADDRESS			
CITY-ST-ZIP	PORTLAND OR			3.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARTINA, WILLIAM P			4.2 NAME			
STREET ADDRESS	851 SW 6TH AVENUE, SUITE 900			4.3 STREET ADDRESS			
CITY-ST-ZIP	PORTLAND OR			4.4 CITY-ST-ZIP			
TITLE	DV	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NIPOTI, PETER E			5.2 NAME			
STREET ADDRESS	851 SW 6TH AVENUE, SUITE 900			5.3 STREET ADDRESS			
CITY-ST-ZIP	PORTLAND OR			5.4 CITY-ST-ZIP			
TITLE	DP	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PATISIS, C P			6.2 NAME			
STREET ADDRESS	851 SW 6TH AVENUE, SUITE 900			6.3 STREET ADDRESS			
CITY-ST-ZIP	PORTLAND OR			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)(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 \_\_\_\_\_ DATE **1-5-98** **503 220 3322**

CR2E034 (10/97)