

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

pg. 1062

FILED

97 JUN 10 PM 3:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **S86297**  
1. Corporation Name  
**PHC Properties Corporation**

Principal Place of Business <b>825 NE Multnomah Street Suite 775 Portland, OR 97232</b>	Mailing Address <b>825 NE Multnomah Street Suite 775 Portland, OR 97232</b>
--	--

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

3. Date Incorporated or Qualified <b>10/09/91</b>	3a. Date of Last Report <b>4/5/96</b>
4. FEI Number <b>93-1067588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

B. Name and Address of Current Registered Agent	
<b>CT Corporation System 1200 South 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>	

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	<b>Director &amp; President</b> <input type="checkbox"/> DELETE
NAME	<b>Craig N. Longfield</b>
STREET ADDRESS	<b>825 NE Multnomah St., Ste 775</b>
CITY-ST-ZIP	<b>Portland, OR 97232</b>
TITLE	<b>Director</b> <input type="checkbox"/> DELETE
NAME	<b>Michael C. Henderson</b>
STREET ADDRESS	<b>825 NE Multnomah St., Ste 775</b>
CITY-ST-ZIP	<b>Portland, OR 97232</b>
TITLE	<b>Vice President</b> <input type="checkbox"/> DELETE
NAME	<b>Reynold Roeder</b>
STREET ADDRESS	<b>825 NE Multnomah St. Ste 775</b>
CITY-ST-ZIP	<b>Portland, OR 97232</b>
TITLE	<b>Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>George C. Schreck</b>
STREET ADDRESS	<b>825 NE Multnomah St., Ste 775</b>
CITY-ST-ZIP	<b>Portland, OR 97232</b>
TITLE	<b>Asst. Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>J.T. Pendergraft</b>
STREET ADDRESS	<b>825 NE Multnomah St., Ste 775</b>
CITY-ST-ZIP	<b>Portland, OR 97232</b>
TITLE	<b>Asst. Secretary</b> <input type="checkbox"/> DELETE
NAME	<b>Sally A. Nofziger</b>
STREET ADDRESS	<b>825 NE Multnomah St., Ste 775</b>
CITY-ST-ZIP	<b>Portland, OR 97232</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(a), 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: **J.T. Pendergraft** **5/21/97** **(503) 797-7200**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

pg. 20/2

**EXHIBIT A**

**PHC PROPERTIES CORPORATION**

**S86297(6)**

Controller  
Treasurer  
Assistant Treasurer  
Assistant Treasurer  
Assistant Secretary

Peter J. Craven  
William E. Peressini  
Bruce N. Williams  
John F. Fryer  
Lenore M. Martin