

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S86297

1. Entity Name

PHC PROPERTIES CORPORATION

FILED
Feb 01, 2001 8:00 am
Secretary of State

02-01-2001 90104 022 ***150.00

060671

Principal Place of Business 825 NE MULTNOMAH STREET SUITE 775 PORTLAND OR 97232 US	Mailing Address 825 NE MULTNOMAH STREET SUITE 775 PORTLAND OR 97232 US
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61400V



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 825 NE Multnomah Street Suite, Apt. #, etc. Suite 2000 City & State Portland, OR 97232	3. Mailing Address 825 NE Multnomah Street Suite, Apt. #, etc. Suite 2000 City & State Portland, OR 97232
Zip 97232	Country USA

4. FEI Number 93-1067588	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Registered Agent signature required when reinstating)	DATE
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9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LONGFIELD, CRAIG N. 825 N.E. MULTNOMAH ST., SUITE 775 PORTLAND OR 97232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 NE Multnomah, Suite 2000 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROEDER, REYNOLD 825 NE MULTNOMAH ST., STE. 775 PORTLAND OR 97232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BROOKS, GLENN 825 N.E. MULTNOMAH ST, SUITE 775 PORTLAND OR 97232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Assistant Secretary Michael T. Winslow 825 NE Multnomah, Suite 2000 Portland, OR 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS PENDERGRAFT, J.T. 825 NE MULTNOMAH ST., STE. 775 PORTLAND OR 97232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS NOFZIGER, SALLY A. 825 NE MULTNOMAH ST., STE 775 PORTLAND OR 97232 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Bruce N. Williams 825 NE Multnomah, Suite 2000 Portland, OR 97232 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE Michael T. Winslow, Asst. Secretary	1/8/01	(503) 813-7072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #

CR2E034 (10/00)