



Phone: (503) 986-2200
Fax: (503) 378-4381

Change of Registered Agent/Address—Corporations/LLC

Secretary of State
Corporation Division
255 Capitol St. NE, Suite 151
Salem, OR 97310-1327
FilingInOregon.com

Check the appropriate box below:

- CHANGE OF AGENT AND ADDRESS
(Complete only 1, 2, 3, 4, 5, 6, 11)
- CHANGE OF ADDRESS ONLY
(Complete only 1, 7, 8, 9, 10, 11)

FILED

JAN 22 2010

**OREGON
SECRETARY OF STATE**

REGISTRY NUMBER: 578468-84

NOTE: Use this form for Cooperatives or Business Trusts.

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record.
We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in **Black Ink**. Attach Additional Sheet if Necessary.

1) ENTITY NAME Pacific Architectural Wood Products, Inc.

CHANGE OF REGISTERED AGENT AND OFFICE

CHANGE OF REGISTERED AGENT'S BUSINESS OFFICE ONLY

2) THE REGISTERED AGENT HAS BEEN CHANGED TO:
SCOTT D. CAPLAN

7) NEW ADDRESS OF REGISTERED AGENT (The business address of the registered agent has changed to the following Oregon Street Address.)

3) THE NEW REGISTERED AGENT HAS CONSENTED TO THIS APPOINTMENT.

4) ADDRESS OF THE NEW REGISTERED OFFICE (Must be an Oregon Street Address which is identical to the registered agent's business office.)

921 SW WASHINGTON STREET, #755
PORTLAND, OREGON 97205

8) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

5) THE STREET ADDRESS OF THE NEW REGISTERED OFFICE AND THE BUSINESS ADDRESS OF THE REGISTERED AGENT ARE IDENTICAL.

9) NOTIFICATION

The entity has been notified in writing of this change.

6) EXECUTION

(Must be signed by one corporate officer or director for a corporation or a member/manager for a limited liability company.)

Signature: _____

Printed Name: JAMES HUGHES

Title: PRESIDENT

10) EXECUTION

(Must be signed by the registered agent or a corporate officer or director for a corporation or a member/manager for a limited liability company.)

Signature: _____

Printed Name: _____

Title: _____

11) CONTACT NAME (To resolve questions with this filing.)

SCOTT D. CAPLAN

DAYTIME PHONE NUMBER (Include area code.)

503-224-0417

FEES

No Processing Fee



57846884-11591257