

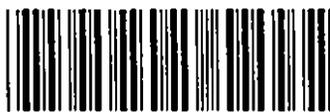


PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2004

Filing Period: January 1 - March 1 • Filing Fee: \$50.00
(FORM MUST BE TYPED OR PRINTED IN BLACK)

1. Corporate ID No. 125343		2. Name of Corporation Western Pneumatics Install, Inc.			
3. Street Address Principal Business Office 110 N Seneca			City Eugene	State OR	Zip 97402
4. Business Phone No. 541-461-2600		5. State of Incorporation OREGON		6. SIC Code 8888	
7. Brief Description of the Character of Business Conducted in Rhode Island INSTALL OF PREFABRICATED EQUIPMENT					
8. NAMES AND ADDRESSES OF THE OFFICERS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
President Name Robert R Marshall			Vice President Name Richard F Sanders		
Street Address 110 N Seneca			Street Address 110 N Seneca		
City Eugene	State OR	Zip 97402	City Eugene	State OR	Zip 97402
Secretary Name Richard J Nicol			Treasurer Name Bruce H Livesay		
Street Address 110 N Seneca			Street Address 110 N Seneca		
City Eugene	State OR	Zip 97402	City Eugene	State OR	Zip 97402
9. NAMES AND ADDRESSES OF THE DIRECTORS: ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> FILL IN SPACES BEFORE USING ATTACHMENTS					
Director Name Robert R Marshall			Director Name Richard F Sanders		
Street Address 110 N Seneca			Street Address 110 North Seneca		
City Eugene	State OR	Zip 97402	City Eugene	State Oregon	Zip 97402
Director Name Richard J Nicol			Director Name Bruce H Livesay		
Street Address 110 North Seneca			Street Address 110 North Seneca		
City Eugene	State OR	Zip 97402	City Eugene	State OR	Zip 97402
10. SHARES AUTHORIZED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> AUTHORIZED SHARES 500			11. SHARES ISSUED ("X" BOX FOR ATTACHMENT) <input type="checkbox"/> ISSUED SHARES 200 common No Par		
Number of Shares	Class/Series	Par Value	Number of Shares	Class/Series	Par Value
500 COMM NO PAR VALUE					

This report must be signed in ink by either the President, Vice President, Secretary, Assistant Secretary, Treasurer, Receiver or Trustee



* 1 2 5 3 4 9 *

File Date 1-26-04
Check No. 027670
By: [Signature]
FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

[Signature] 1-20-04
Signature of Officer Date
Robert R Marshall
Print or Type Name of Officer
President
Title of Officer