

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90090 006 ***150.00

DOCUMENT # F01000003848
 1. Entity Name
GENESIS FINANCIAL SOLUTIONS, INC.

Principal Place of Business Mailing Address
104 E BEELINE LANE **104 E BEELINE LANE**
HARKER HEIGHTS TX 76548 **HARKER HEIGHTS TX 76548**



2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
10300 SW Greenburg Rd.
Portland, OR

DO NOT WRITE IN THIS SPACE

4. FEI Number Applied For
75-2930009 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
LEXIS DOCUMENT SERVICES INC
3953 W.W. KELLEY RD.
TALLAHASSEE FL 32311

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCD <input type="checkbox"/> Delete LEVIN, IRVING J 10300 SW GREENBURG RD. STE 550 PORTLAND OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete CASELL, MATT 4001 MCEWEN DR., STE 200 DALLAS TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete ENNEKING, BRIAN J 12620 SW 9TH STREET BEAVERTON OR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete SCHUMACHER, ROBERT C 704 BON STREET COPPERAS COVE TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete UNDERWOOD, ELAINE D 103 OAKMONT CIRCLE HARKER HEIGHTS TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input type="checkbox"/> Delete FULLER, VERNON O 230 NW 3RD STREET SHERWOOD OR

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP & CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition John White 10300 SW Greenburg Rd. #550 Portland, OR 97223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Corporate Secretary <input type="checkbox"/> Change <input type="checkbox"/> Addition Diana Hoff 4380 SW Macadam #183 Portland, OR 97201
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition George Alexander 9900 NW 31st Ave. Vancouver, WA 98665
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition Greg Mutz 4001 MCEWEN DR. STE 200 Dallas, TX
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition John Allen 125 S. Wacker Dr. Ste 3100 Chicago, IL 60606
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: Diana L Hoff **Diana L Hoff** 1/10/2002 (503)222-9960
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/01)