2009 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# F08000000945

Title:

Name: Address:

City-St-Zip:

Entity Name: COLUMBIA HOUSING SLP CORPORATION

FILED Oct 14, 2009 Secretary of State

Littly Nan	ile. COLUMBIA	ATIOUSING SEF CORFORAT	ION					
Current Principal Place of Business:				New Principal Place of Business:				
121 SW MORRISON STREET SUITE 1300 PORTLAND, OR 97204				121 SW MORRISON STREET SUITE 1300 SUITE 1300 PORTLAND, OR 97204				
Current Mailing Address:				New Mailing Address:				
121 SW MORRISON STREET SUITE 1300 PORTLAND, OR 97204				500 W. JEFFERSON ST., 23RD FLOOR C/O FRANCES C. ENGLERT LOUISVILLE, KY 40202				
FEI Number:	93-1110460	FEI Number Applied For ()	FEI Num	ber Not Appl	icable ()	Certifica	te of Status Desired	()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:				
TALLAHAS The above in the State	SSEE, FL 3230 named entity s	1 US ubmits this statement for the pu	urpose of	changing it	ts registered (office or re	egistered agent, o	r both,
01014/1101	Electroni	Date						
Election Can		(2)(b), F.S., the corporation did not Trust Fund Contribution (). ORS:		•		s TO OFF	ICERS AND DIRE	ECTORS:
Title: Name: Address: City-St-Zip:	CP () I GIFFEN, DONAL 500 W JEFFERS LOUISVILLE, KY	SON STREET		Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	DT () I CROW, TODD J 500 W JEFFERS LOUISVILLE, KY			Title: Name: Address: City-St-Zip:	() Change() Addition	
Title: Name: Address: City-St-Zip:	SUCH, CATHERI	SON STREET SUITE 1300		Title: Name: Address: City-St-Zip:	AS () ENGLERT, FR 500 W. JEFFE LOUISVILLE, I	RSON ST.	() Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

SIGNATURE: FRANCES C. ENGLERT AS 10/14/2009

() Delete

KELLY, GRETCHEN L

PITTSBURGH, PA 15222

249 FIFTH AVE

() Change () Addition