

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra R. Martin  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # F94000002042 (9)**

1. Corporation Name  
**R.M. WADE & CO.**

**APPROVED  
AND  
FILED**  
  
95 MAY -1 AM 2:58  
  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business      Mailing Address  
**PO BOX 23666      PO BOX 23666  
PORTLAND OR 97281      PORTLAND OR 97281**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	04/20/1994	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	93-0304960	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required
25		30		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM 1200 S. PINE ISLAND RD PLANTATION FL 33324		B1 Name			
		B2 Street Address (P.O. Box Number is Not Acceptable)			
		B3			
		B4 City			
		B5 Zip Code			
		FL			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					

9. Name and Address of Current Registered Agent  
**CT CORPORATION SYSTEM  
1200 S. PINE ISLAND RD  
PLANTATION FL 33324**

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B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
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B4 City  
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**FL**

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SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when registering) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBEGIN, EDWARD H	1.2 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	1.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR	1.4 CITY - ST - ZIP	97005
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PERRY, GRANT	2.2 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	2.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR	2.4 CITY - ST - ZIP	97005
TITLE	VD	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NEWBEGIN, WADE	3.2 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	3.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR	3.4 CITY - ST - ZIP	97005
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, SUSAN M	4.2 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR	4.4 CITY - ST - ZIP	97005
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WENDROFF, DAVID P	5.2 NAME	
STREET ADDRESS	10025 SW ALLEN BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	BEAVERTON OR	5.4 CITY - ST - ZIP	97005
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David P. Wendroff* **DAVID P. WENDROFF TREASURER** 4-595 600-642-5253  
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR (Date) (Mailing Office #)