

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F95000001625**

1. Entity Name

UNITED STATES MISSION CORPORATION

Principal Place of Business

P.O. BOX 20156
ATTN: BRIAN JONES
PORTLAND OR 97294-0156
US

Mailing Address

P.O. BOX 20156
ATTN: BRIAN JONES
PORTLAND OR 97294-0156
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

94-1585260

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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

**FILE NOW:
FEE IS \$61.25**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	BATTLE, JOSEPH A JR	4905 E JENSEN AVE	FRESNO CA 93725	

CD	KIGHT, MORRIS	1956 N. BEACHWOOD DR STE 2	LOS ANGELES CA 90028	<input type="checkbox"/> Delete
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SD	JONES, BRIAN	8314 GREENWOOD AV N STE 17	SEATTLE WA 98103	<input type="checkbox"/> Delete
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VD	KERNS, PHILLIP	8314 GREENWOOD AV N STE 17	SEATTLE WA 98103	<input type="checkbox"/> Delete
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D	GARDNER, MICHAEL	800 COTTONWOOD RD #4	PALM SPRINGS CA 92262	<input type="checkbox"/> Delete
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TD	ROBBINS, MICHAEL	420 SOUTH FIFTH ST	SAN JOSE CA 95112	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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10717 NE PRESCOTT ST, APT E
PORTLAND, OR 97220

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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				<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
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1717 E. VISTA CHINO #7/PMB 206

				<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SECRETARY-GENERAL

Date

1/3/01

Daytime Phone #

503/254-7640

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90010 035 ****70.00

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DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)