### FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999

FIRST PORTLAND CORPORATION



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

#### DOCUMENT # F95000002468 1. Corporation Name

# Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90158 041 \*\*\*150.00



Change

Addition

	lace of Business	Mailing Address							
7145 SW VARNS ST 7145 SW VARNS ST									
PORTLAND OR 97223 PORTLAND OR 97223						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed			
						05/22/1995			
2. Principa	Place of Business	2a. Mailing Address				4. FEI Number		Α	pplied For
26						93-0870892		N	lot Applicable
	.pt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		•	Additional
22		27				3. Certificate of Status Desired		Fee F	Required
City & State City & State						6. Election Campaign Financing			May Be
23						Trust Fund Contribution		Added	to Fees
Zip	Country	<u> </u>		Country		8. This corporation owes the current year Intangible			
24	25	29 30							Mo
	9. Name and Address of Currer	nt Registered Agent		81 1		10. Name and Address of New Regis	stered A	gent	
	T CORPORATION SYSTEM			81 [	Name				
				82	Street Addre	ess (P.O. Box Number is Not Acceptable)			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				83					
, P <b>U</b>	ANTATION FE 33324			03					
				84 (	City		FL	85 Zip	Code
				Щ.				hanaisa ii	to registered
l office o	or registered agent, or both, in the State	of Florida, Such change was	s autnonzed	I DV ING	e corporation	oration submits this statement for the purp n's board of directors. I hereby accept the	appoin	tment as i	registered
agent.	I am familiar with, and accept the obliga	ations of Section 607.0505. I	Florida Statu	ites.					
_									
SIGNATUR	RE					- In	ATE		<del></del>
	Signature, typed or printed name of registered age	ont and title if applicable. (NO	TE: Registered		Derluper erutangi	when remateury)	RS ANI	DIRECT	ORS IN 12
12.	Signature, typed or printed name of registered age OFFICERS AN	nt and title if applicable. (NO	OTE: Registered	Agent si	ignature required	when reinstating) D ADDITIONS/CHANGES TO OFFICE		DIRECT	
<b>12.</b> ππ.ε	Signature, typed or printed name of registered age OFFICERS AN	ont and title if applicable. (NO	13.	Agent si	ignature required	when remateury)			
12. ππ.ε NAME	Signature, typed or printed name of registered age OFFICERS AN PD LUDWIG, LEONARD	nt and title if applicable. (NO	73. 1.1 TII 1.2 NA	Agent si		when remateury)			
12. TITLE NAME STREET ADDRE	Signature, typed or printed name of registered age OFFICERS AN PD LUDWIG, LEONARD 7145 SW VARNS ST	nt and title if applicable. (NO	13. 1.1 TII 1.2 NA 1.3 ST	Agent si	DDRESS	when remateury)			
12. TITLE NAME STREET ADDRE	OFFICERS AN OFFICERS AN UDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223	nt and title if applicable. (NO	13. 1.1 TII 1.2 NA 1.3 ST	Agent si	DDRESS	when remateury)			Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD	not and title if applicable. (NO ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI	Agent signal TLE TME TY- ST- Z TLE	DDRESS	when remateury)		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E	not and title if applicable. (NO ND DIRECTORS	13. 1.1 TTI 1.2 NA 1.3 ST 1.4 CT 2.1 TTI 2.2 NA	Agent signal TLE AME REET AL TY- ST- Z TLE	DDRESS ZIP	when remateury)		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST	not and title if applicable. (NO ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signal TLE  WME  REET AL TY-ST-Z TLE  WME	DDRESS ZIP DDRESS	when remateury)		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223	not and title if applicable. (NO ND DIRECTORS	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST	Agent signal TLE THE TY-ST-Z TLE TME TREET AL TTY-ST-Z	DDRESS ZIP DDRESS	when remateury)		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE	Signature, typed or printed name of registered age OFFICERS AN PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223 AS	Int and title if applicable. (NO	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CI 2.1 TII 2.2 NA 2.3 ST 2.4 C	Agent signal TLE AME REET AL TY-ST-Z TLE AME REET AL TY-ST-Z TLE	DDRESS ZIP DDRESS	when remateury)		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223 AS BRASK, GRETCHEN M	Int and title if applicable. (NO	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA	Agent signal TLE AME REET AL TY-ST-Z TLE AME REET AL TY-ST-Z TLE	DDRESS ZIP DDRESS ZIP	when remateury)		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223 AS BRASK, GRETCHEN M 7145 SW VARNS ST	Int and title if applicable. (NO	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST	Agent signal TLE WME REET AL TY-ST-Z TLE WME REET AL TY-ST-Z TLE	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223 VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223 AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223 AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223	Int and title if applicable. (NO	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TII 3.2 NA 3.3 ST	Agent signal  TLE  WME  REET AL  TY-ST-Z  TLE  WME  TREET AL  TREET AL  TREET AL  TTY-ST-Z	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223  VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223  AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223  VP DRILAND OR 97223	Int and title if epplicable. (NO NO DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4. C	Agent si  LE  ME  REET AL  ITY-ST-Z  ILE  ME  REET AL  ITY-ST-Z  ILE  ME  REET AL  ITY-ST-Z  ILE	DDRESS DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223  VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223  AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223  WP NEMHAUSER, ROBERT	Int and title if epplicable. (NO NO DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 N	Agent si  LE  ME  REET AL  ITY-ST-Z  ILE  ME  REET AL  ITY-ST-Z  ILE  ME  REET AL  ITY-ST-Z  ILE	DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE STREET ADDRE	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223  VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223  AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223  VP NEMHAUSER, ROBERT ESS 7145 SW VARNS ST	Int and title if epplicable. (NO NO DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST	Agent si  LE  REET AL  TY-ST-Z  LE  REET AL  TY-ST-Z  TLE  REET AL  TY-ST-Z  TLE  AME	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CHANGES TO OFFICE		☐ Change	Addition  Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223  VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223  AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223  WP NEMHAUSER, ROBERT	Int and title if epplicable. (NO NO DIRECTORS DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST	Agent si  LE  ME  REET AL  TY-ST-Z  LE  REET AL  ITY-ST-Z  AME  REET AL  TY-ST-Z  AME  TY-ST-Z  TREET AL  TY-ST-Z	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	when remateury)		☐ Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME STREET ADDRE CITY-ST-ZIP	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223  VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223  AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223  VP NEMHAUSER, ROBERT 7145 SW VARNS ST PORTLAND OR 97223  VP NEMHAUSER, ROBERT 7145 SW VARNS ST PORTLAND OR 97223  VP NEMHAUSER, ROBERT 7145 SW VARNS ST PORTLAND OR 97223  VP	ND DIRECTORS  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 2.4 CC 3.1 TI 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4.2 NA 4.3 ST 4.4 CCI 4.4 CC	Agent si  LE  ME  REET AL  TY-ST-Z  LE  REET AL  TY-ST-T  LE  AME  TY-ST-Z  TLE  TY-ST-Z  TLE  TY-ST-Z  TLE  TY-ST-Z  TLE  TY-ST-Z	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS	ADDITIONS/CHANGES TO OFFICE		Change	Addition  Addition  Addition
12. TITLE NAME STREET ADDRE CITY-ST-ZIP TITLE NAME NAME	PD LUDWIG, LEONARD 7145 SW VARNS ST PORTLAND OR 97223  VPSD LEVINSON, ARTHUR E 7145 SW VARNS ST PORTLAND OR 97223  AS BRASK, GRETCHEN M 7145 SW VARNS ST PORTLAND OR 97223  VP NEMHAUSER, ROBERT 7145 SW VARNS ST PORTLAND OR 97223	ND DIRECTORS  DELETE  DELETE	13. 1.1 TII 1.2 NA 1.3 ST 1.4 CC 2.1 TII 2.2 NA 2.3 ST 3.2 NA 3.3 ST 3.4 CC 4.1 TII 4. 2 NA 4.3 ST 4.4 CC 5.1 TI 5.2 NA	Agent si  LE  ME  REET AL  TY-ST-Z  LE  REET AL  TY-ST-T  LE  AME  TY-ST-Z  TLE  TY-ST-Z  TLE  TY-ST-Z  TLE  TY-ST-Z  TLE  TY-ST-Z	DDRESS ZIP DDRESS ZIP DDRESS ZIP DDRESS ZIP	ADDITIONS/CHANGES TO OFFICE		Change	Addition  Addition  Addition

CITY-ST-ZIP 14. 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 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 a attachment with an eddress, with all other like empowered.

6.4 CITY+ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

DELETE

**SIGNATURE:** 

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

PORTLAND OR 97223

F95000002468 389816-90158-41

## **DIRECTORS AND OFFICERS OF BUSINESS**

NAME	OFFICE	ADDRESS
Leonard Ludwig	Director/ Chief Executive Officer	7145 S.W. Varns Street Portland, OR 97223
John Estok	Director/ President/Chief Operating Officer	7145 S.W. Varns Street Portland, OR 97223
Arthur E. Levinson	Director/Chairman of the Board Vice President/Secretary	7145 S.W. Varns Street Portland, OR 97223
Greg Hansen	Vice President - Finance/ Chief Financial Officer	7145 S.W. Varns Street Portland, Oregon 97223
David M. Farber	Vice President	7145 S.W. Varns Street Portland, OR 97223
Robert Nemhauser	Vice President	7145 S.W. Varns Street Portland, OR 97223
Craig Shipley	Vice President	333 W. Wacker Drive, Suite 240 Chicago, IL 60606
Gary Harinski	Assistant Vice President - Taxes	7145 S.W. Varns Street Portland, OR 97223
Patricia Galich	Vice President - Credit	7145 S.W. Varns Street Portland, OR 97223
John D-Saefke	Asst. Vice-President/Controller	- 7145-S.WVarns-Street Portland, OR 97223