

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90141 034 ***150.00

DOCUMENT # F95000002468

1. Entity Name
FIRST PORTLAND CORPORATION

Principal Place of Business Mailing Address
7145 SW VARNIS ST **7145 SW VARNIS ST**
PORTLAND OR 97223 **PORTLAND OR 97223-8018**

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 Applied For
93-0870892 Not Applicable

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



DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	CEO	<input type="checkbox"/> Delete
NAME	LUDWIG, LEONARD	
STREET ADDRESS	7145 SW VARNIS ST	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	VPSD	<input type="checkbox"/> Delete
NAME	LEVINSON, ARTHUR E	
STREET ADDRESS	7145 SW VARNIS ST	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	NEMHAUSER, ROBERT	
STREET ADDRESS	7145 SW VARNIS ST	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FARBER, DAVID M	
STREET ADDRESS	7145 SW VARNIS ST	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE	PRESIDENT	<input type="checkbox"/> Delete
NAME	John Estok	
STREET ADDRESS	7145 SW VARNIS	
CITY-ST-ZIP	PORTLAND, OR 97223	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	CEO	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRESIDENT	
STREET ADDRESS	John Estok	
CITY-ST-ZIP	7145 SW VARNIS	
CITY-ST-ZIP	PORTLAND OR 97223	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Leonard Ludwig **3-22-00** **503-684-3417**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)