

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000002468
 1. Entry Name
FIRST PORTLAND CORPORATION

FILED

02 FEB -1 AM 8:55

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
 7145 SW VARNIS ST
 PORTLAND, OR 97223

2. Principal Place of Business 3. Mailing Address
 Suite, Apt #, etc. Suite, Apt #, etc.
 City & State City & State
 Zip Country Zip Country

REINSTATEMENT DO NOT WRITE IN THIS SPACE **2001-02**

6. Name and Address of Current Registered Agent
CT 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

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 *Kathleen Gariepy* **Kathleen Gariepy, Asst. Secy.**
 Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

8. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See criteria on back)

FEE MONTHLY FEE IS \$150.00
After MAY 1, 2001 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	LEONARD LUDWIG <input type="checkbox"/> Delete 7145 SW VARNIS ST PORTLAND OR 97223 DIRECTOR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Estok <input type="checkbox"/> Delete Same PRESIDENT/DIR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ARTHUR LEONSON <input type="checkbox"/> Delete Same SECRETARY/DIR
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition RANDY MORRIS 7145 SW VARNIS ST PORTLAND OR 97223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition CRAIG SHIPLEY 120 S. RIVERSIDE PLAZA, STE 1488 CHICAGO IL 60606
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST. U.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition GARY HARINGS 7145 SW VARNIS ST PORTLAND OR 97223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASST U.P. / CONTROLLER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition JOHN SAETKE 7145 SW VARNIS ST PORTLAND OR 97223
TITLE NAME STREET ADDRESS CITY-ST-ZIP	U.P. PRESIDENT <input type="checkbox"/> Change <input type="checkbox"/> Addition WURT ZWETSCHKE 7145 SW VARNIS ST
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 700004916767 -02/13/02--01089--021 ****150.00 ****150.00

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 807, 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* **LEONARD LUDWIG** 9-20-01 503-684-3417
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2ED34 (11/00)