

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 JAN 21 PM 2:14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P36942**

1. Entity Name

**C MORTGAGE CORP.**

Principal Place of Business

Mailing Address

P.O. BOX 12926  
SALEM OR 97301

P.O. BOX 12926  
SALEM OR 97309-0926

2. Principal Place of Business

3. Mailing Address

*Attn: Dellane Colson*

Suite, Apt. #, etc.

Suite, Apt. #, etc.

*P.O. BOX 14111*

City & State

*Salem, OR*

4. FEI Number

**93-1068917**

Applied For

Not Applied

Zip

Country

Zip

Country

*97309*

*USA*

5. Certificate of Status Desired

**\$8.75** Additional  
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

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

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	COLSON, WILLIAM E.	2250 MCGILCHRIST ST. SE	SALEM OR	<input type="checkbox"/>
V	BATY, DANIEL R.	2105 N. 30	TACOMA WA	<input type="checkbox"/>
S	COLSON, BARTON G	2250 MCGILCHRIST ST SE	SALEM OR	<input type="checkbox"/>
T	BRENDEN, NORMAN L.	2250 MCGILCHRIST ST., SE	SALEM OR	<input type="checkbox"/>
D	COLSON, WILLIAM E.	2250 MCGILCHRIST ST., SE	SALEM OR 97302	<input type="checkbox"/>
D	BRENDEN, NORMAN L	2250 MCGILCHRIST ST. SE	SALEM OR 97302	<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

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-01/27/00--01005--020  
\*\*\*150.00 \*\*\*150.00

*[Handwritten Signature]*

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*William E. Colson*

*1/17/00*

*503 370 702  
x 7209*