

2002 UNIFORM BUSINESS REPORT (UBR)

UBR2002-31
A1

DOCUMENT # P36942
 1. Entity Name
C MORTGAGE CORP.

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

02 JAN 16 PM 4:34



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
ATTN: DELLANE COLSON **ATTN: DELLANE COLSON**
P.O. BOX 14111 **P.O. BOX 14111**
SALEM OR 97309 **SALEM OR 97309**

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
93-1068917 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM Name
% C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable)
1200 SOUTH PINE ISLAND ROAD City **FL** Zip Code
PLANTATION FL 33324

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. **FILE NOW!!! FEE IS \$150.00**
After May 1, 2002 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 NAME STREET ADDRESS CITY-ST-ZIP | P COLSON, WILLIAM E. 2250 MCGILCHRIST ST. SE SALEM OR <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition FF \$150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V BATY, DANIEL R. 2105 N. 30 TACOMA WA <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S COLSON, BARTON G 2250 MCGILCHRIST ST SE SALEM OR <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 400004776324-8 -01/16/02--01003--010 ****967.50 ****150.00 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | T BRENDEN, NORMAN L. 2250 MCGILCHRIST ST., SE SALEM OR <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D COLSON, WILLIAM E. 2250 MCGILCHRIST ST., SE SALEM OR 97302 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition 1/1/02 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BRENDEN, NORMAN L 2250 MCGILCHRIST ST. SE SALEM OR 97302 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: Norman L. Brenden, Treasurer 1/10/02 503 370 7071
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 x 7209

CR2E034 (9/01)