| SUITE 110-3   |  |                 |   |      |
|---|--|-----------------|---|------|
| ARLINGTON   | I, VA 22203 US                           |                 |   |      |
| FEI Number: 36-4005814  |  |                 | Certificate of Status Desired: No       |      |
| Name and Address of Current Registered Agent:   |  |                 |   |      |
| NORTHWEST REGISTERED AGENT, LLC.<br>3030 N. ROCKY POINT DR.<br>STE 150A<br>TAMPA, FL 33607 US<br>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: TOM GLOVER 04/24/2017  |  |                 |   |      |
|   | Electronic Signature of Registered Agent |                 |   | Date |
| Officer/Director Detail :   |  |                 |   |      |
| Title   | PD                                       | Title           | TR                                      |      |
| Name  | MCFADZEN, LYNNETTE                       | Name            | NORTH, GARY B                           |      |
| Address   | 4748 N. GIRARD ST                        | Address         | C/O 10411 CARTILLA CT                   |      |
| City-State-Zip:   | PORTLAND OR 97203                        | City-State-Zip: | RANCHO CUCAMONGA CA 91737               |      |
| Title   | SE                                       | Title           | VP                                      |      |
| Name  | SHEROUSE, BETH                           | Name            | CHELTENHAM, FAITH                       |      |
| Address   | 4201 WILSON BOULEVARD,<br>SUITE 110-311  | Address         | 4201 WILSON BOULEVARD,<br>SUITE 110-311 |      |
|   |  |                 |   |      |

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

### SIGNATURE: FAITH CHELTENHAM

Electronic Signature of Signing Officer/Director Detail

City-State-Zip: ARLINGTON VA 22203

04/24/2017

## Apr 24, 2017 Secretary of State CC9346878006

FILED

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

### DOCUMENT# N9400000756

Entity Name: BINET/USA, THE BISEXUAL NETWORK OF THE USA, INC.

# **Current Principal Place of Business:**

4748 N. GIRARD ST PORTLAND, OR 97203

# **Current Mailing Address:**

4201 WILSON BOULEVARD

City-State-Zip: ARLINGTON VA 22203