

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F01000003848

**Entity Name:** GENESIS FINANCIAL SOLUTIONS, INC.

**Current Principal Place of Business:**

8405 SW NIMBUS AVE  
SUITE A  
BEAVERTON, OR 97008

**FILED**  
**Apr 28, 2014**  
**Secretary of State**  
**CC7894627583**

**Current Mailing Address:**

8405 SW NIMBUS AVE  
SUITE A  
BEAVERTON, OR 97008 US

**FEI Number: 75-2930009**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 S PINE ISLAND RD  
PLANTATION, FL 33324 US

*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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title CHAIRMAN, DIRECTOR  
Name LEVIN, IRVING J  
Address 12737 SW IRON MTN BLVD  
City-State-Zip: PORTLAND OR 97219-8307

Title COO  
Name MOORE, PATRICK J  
Address 8405 SW NIMBUS AVE., STE A  
City-State-Zip: BEAVERTON OR 97008

Title PRESIDENT, DIRECTOR, CEO  
Name WEINSTEIN, BRUCE A  
Address 1025 NW COUCH ST, UNIT 912  
City-State-Zip: PORTLAND OR 97209

Title TREASURER  
Name ATKINSON, GREGG  
Address 8405 SW NIMBUS AVE, STE A  
City-State-Zip: BEAVERTON OR 97008

Title SECRETARY  
Name FASON, JAMES J III  
Address 8405 SW NIMBUS AVENUE, STE A  
City-State-Zip: BEAVERTON OR 97008

Title DIRECTOR  
Name JONES, LELAND  
Address 601 WEST FIFTH STREET  
SUITE 700  
City-State-Zip: LOS ANGELES CA 90071

Title DIRECTOR  
Name BABSON, STEPHEN  
Address 920 SW SIXTH AVENUE  
SUITE 1400  
City-State-Zip: PORTLAND OR 97204

Title DIRECTOR  
Name BLANK, ALAN  
Address 8405 SW NIMBUS AVENUE  
SUITE A  
City-State-Zip: BEAVERTON OR 97008

*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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: JAMES FASON**

**SECRETARY**

**04/28/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date