

**2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000000945

**Entity Name:** COLUMBIA HOUSING SLP CORPORATION**Current Principal Place of Business:**121 SW MORRISON STREET  
SUITE 1300  
PORTLAND, OR 97204**Current Mailing Address:**300 FIFTH AVENUE, 18TH FLOOR  
C/O PNC LEGAL DEPARTMENT  
PITTSBURGH, PA 15222 US**FEI Number:** 93-1110460**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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           | PRES                                |
| Name            | CROW, TODD J                        |
| Address         | 101 SOUTH FIFTH STREET<br>7TH FLOOR |
| City-State-Zip: | LOUISVILLE KY 40202                 |

|                 |                                 |
|-----------------|---------------------------------|
| Title           | SECRETARY                       |
| Name            | O'BRIEN, JOY                    |
| Address         | 1600 MARKET STREET<br>8TH FLOOR |
| City-State-Zip: | PHILADELPHIA PA 19103           |

|                 |                     |
|-----------------|---------------------|
| Title           | AS                  |
| Name            | BIEHL, KRISTIN D    |
| Address         | 300 FIFTH AVENUE    |
| City-State-Zip: | PITTSBURGH PA 15222 |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | DIRECTOR                            |
| Name            | CROW, TODD J.                       |
| Address         | 101 SOUTH FIFTH STREET<br>7TH FLOOR |
| City-State-Zip: | LOUISVILLE KY 40202                 |

|                 |                              |
|-----------------|------------------------------|
| Title           | DIRECTOR                     |
| Name            | THOMAS, MICHAEL D.           |
| Address         | 11511 LUNA ROAD<br>4TH FLOOR |
| City-State-Zip: | FARMERS BRANCH TX 75234      |

|                 |                                     |
|-----------------|-------------------------------------|
| Title           | TREASURER                           |
| Name            | BADE, WENDY S.                      |
| Address         | 101 SOUTH FIFTH STREET<br>7TH FLOOR |
| City-State-Zip: | LOUISVILLE KY 40202                 |

*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:** KRISTIN D. BIEHL**ASSISTANT SECRETARY** 01/05/2024\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date