

**2014 FOREIGN PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F08000002069

**Entity Name:** TRUECOMPASS LENDING CORPORATION

**Current Principal Place of Business:**

8215 SW TUALATIN-SHERWOOD RD  
SUITE 200  
TUALATIN, OR 97062

**Current Mailing Address:**

8215 SW TUALATIN-SHERWOOD RD  
SUITE 200  
TUALATIN, OR 97062

**FEI Number:** 26-1626844

**Certificate of Status Desired:** No

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525 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            PIERCE, BRIAN JJR  
Address        8215 SW TUALATIN-SHERWOOD RD  
                 SUITE 200  
City-State-Zip: TUALATIN OR 97062

Title            DIR  
Name            ALLEN, HELEN E  
Address        8215 SW TUALATIN-SHERWOOD RD  
                 SUITE 200  
City-State-Zip: TUALATIN OR 97062

Title            ST  
Name            PIERCE, KATHRYN  
Address        8215 SW TUALATIN-SHERWOOD RD  
                 SUITE 200  
City-State-Zip: TUALATIN OR 97062

*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:** KATHRYN PIERCE

**SECRETARY**

**01/17/2014**

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

\_\_\_\_\_  
Date