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Jun 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **839111** **(2)**

1. Corporation Name
M R I CORPORATION

Principal Place of Business	Mailing Address
4265 SAN FELIPE, SUITE 900 PO BOX 286 HOUSTON TX 77027	4265 SAN FELIPE, SUITE 900 PO BOX 286 HOUSTON TX 77027-2913

3. Date Incorporated or Qualified: 09/14/1977
3a. Date of Last Report: 04/30/1996

2. Principal Place of Business (21): 3200 NW Yeon Avenue
Suite, Apt. #, etc. (22):
City & State (23): Portland, OR
Zip (24): 97210
Country (25): Multnomah

2a. Mailing Address (26): 3200 NW Yeon Avenue
Suite, Apt. #, etc. (27):
City & State (28): Portland, OR
Zip (29): 97210
Country (30): Multnomah

4. FEI Number: 76-0018710 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	☒ DELETE	1.1 TITLE	CEO/D	☒ Change ☒ Addition
NAME	LOY, MICHAEL F.		1.2 NAME	Schnitzer, Leonard	
STREET ADDRESS	4265 SAN FELIPE, STE 900		1.3 STREET ADDRESS	3200 NW Yeon Avenue	
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP	Portland, OR 97210	
TITLE	TAS	☒ DELETE	2.1 TITLE	P/D	☒ Change ☒ Addition
NAME	JUENGEL, DAVID A.		2.2 NAME	Philip, Robert W.	
STREET ADDRESS	4265 SAN FELIPE, STE 900		2.3 STREET ADDRESS	3200 NW Yeon Avenue	
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP	Portland, OR 97210	
TITLE	VD	☒ DELETE	3.1 TITLE	Exec. V/D	☒ Change ☒ Addition
NAME	CAPUTO, DENNIS		3.2 NAME	Novack, Kenneth M.	
STREET ADDRESS	4265 SAN FELIPE, STE 900		3.3 STREET ADDRESS	3200 NW Yeon Avenue	
CITY-ST-ZIP	HOUSTON TX		3.4 CITY-ST-ZIP	Portland, OR 97210	
TITLE	CPD	☒ DELETE	4.1 TITLE	V	☒ Change ☒ Addition
NAME	GILLILAND STEVEN F.		4.2 NAME	Shanks, Edgar C.	
STREET ADDRESS	4265 SAN FELIPE STE 900		4.3 STREET ADDRESS	3200 NW Yeon Avenue	
CITY-ST-ZIP	HOUSTON TX		4.4 CITY-ST-ZIP	Portland, OR 97210	
TITLE		☐ DELETE	5.1 TITLE	S	☒ Change ☒ Addition
NAME			5.2 NAME	Pardini, Anton U.	
STREET ADDRESS			5.3 STREET ADDRESS	3200 NW Yeon Avenue	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Portland, OR 97210	
TITLE	D	☐ DELETE	6.1 TITLE	T/V	☒ Change ☒ Addition
NAME	Schnitzer, Dori		6.2 NAME	Rosen, Barry A.	
STREET ADDRESS	3200 NW Yeon Avenue		6.3 STREET ADDRESS	3200 NW Yeon Avenue	
CITY-ST-ZIP	Portld, OR 97210		6.4 CITY-ST-ZIP	Portland, OR 97210	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Anton U. Pardini 4/9/97 503-323-2807