## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## May 12, 1999 8:00 am Secretary of State

05-12-1999 90004 011 \*\*\*150.00

DOCUMENT #

1. Corporation Name

M R I CORPORATION				
Principal Place of Business	Mailing Address			
3200 NW YEON AVE PORTLAND OR 97210	3200 NW YEON AVE PORTLAND OR 97210		DO NOT WRITE IN THI	S SPACE
US	US		3. Date Incorporated or Qualifed 09/14/1977	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<sup>26</sup> P O BOX 1004	<b>1</b> 7	76-0018710	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State PORTLAND OR		6. Election Campaign Financing Trust Fund Contribution	<b>\$5.00</b> May Be Added to Fees
Zip – Country		ountry -	This corporation owes the current year Ir	tangible
24 25	29 97296 30	USA	Personal Property Tax.	☐ Yes ☐ No
Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
CORPORATION SERVICE	COMPANY	81 Nar	me 	
1201 HAYS STREET TALLAHASSEE FL 32301		82 Stre	eet Address (P.O. Box Number is Not Acceptable)	
, TILL THIN TOOLL IL J.		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 Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE ☐ Change Addition CEOD NAME 1.2 NAME SCHNITZER, LEONARD STREET ADDRESS 3200 NW YEON AVE 1.3 STREET ADDRESS CITY-ST-ZIP PORTLAND OR 97210 1.4 CITY-ST-ZIP ☐ DELETE Change Addition TITLE 2.1 TITLE NAME PHILIP, ROBERT W 2.3 STREET ADDRESS 3200 NW YEON AVE CITY-ST-ZIP 2. 4 CITY-ST-ZIP PORTLAND\_OR\_\_97210 □ DELETE ☐ Change ☐ Addition 3.1 TITLE NAME 3.2 NAME NOVACK, KENNETH M STREET ADDRESS 3.3 STREET ADDRESS 3200 NW YEON AVE CITY-ST-ZIP 3.4 CITY-ST-ZIP PORTLAND-OR-97210 □ DELETE Change ☐ Addition TITLE 4.1 TITLE 4.2 NAME SHANKS, EDGAR C STREET ADDRESS 4.3 STREET ADDRESS 3200 NW YEON AVE CITY-ST-ZIP PORTLAND OR 97210 4.4 CITY-ST-ZIP □ DELETE Change ☐ Addition 5.2 NAME NAME **DORI SCHNITZER** 5.3 STREET ADDRESS STREET ADDRESS 3200 NW YEON AVE 5.4 CITY-ST-ZIP CITY-ST-ZIP PORTLAND OR 97210 ☐ DELETE 6.1 TITLE Addition ☐ Change TITLE 6.2 NAME NAME ROSEN, BARRY A 6.3 STREET ADDRESS STREET ADDRESS 3200 NW YEON AVE 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. I hereby certiful and 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, with all other like empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORI SCHNITZER

4/26/99

503-323-2700

Daytime Phone #

CR2E034

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