

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001306

FILED
Apr 05, 2004
Secretary of State

Entity Name: SYSTRAN FINANCIAL SERVICES CORPORATION

Current Principal Place of Business:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Principal Place of Business:

Current Mailing Address:

40 WESTMINSTER STREET
PROVIDENCE, RI 02903

New Mailing Address:

FEI Number: 93-0586748

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: RETALLICK, DAVID
Address: 4949 S.W. MEADOWS ROAD, SUITE 650
City-St-Zip: LAKE OSWEGO, OR 97035

Title: SVP () Delete
Name: WILD, DARREL E
Address: 4949 SW MEADOWS RD, STE 650
City-St-Zip: LAKE OSWEGO, OR 97035

Title: S () Delete
Name: MERICAN, LINDA S
Address: 4949 S.W. MEADOWS, SUITE 650
City-St-Zip: LAKE OSWEGO, OR 97035

Title: VTAX () Delete
Name: SMITH, KATHLEEN A
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: SVPT () Delete
Name: LYNN, BRIAN F
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: AS () Delete
Name: PERKINS, ELIZABETH C
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: SCHOTT, STEPHEN M
Address: 11575 GREAT OAKS WAY, SUITE 210
City-St-Zip: ALPHARETTA, GA 30022

Title: AS (X) Change () Addition
Name: RAYMOND, DEBRA A
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: AS (X) Change () Addition
Name: CLEGG, WILLIAM J
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: WILLIAM J. CLEGG

AS

04/05/2004

Electronic Signature of Signing Officer or Director

Date

WILLIAM J. CLEGG
40 WESTMINSTER STREET
PROVIDENCE, RI 02903

JOHN F. CAREY, DIRECTOR
40 WESTMINSTER STREET
PROVIDENCE, RI 02903

DAN E. BURD, VP
4949 SW MEADOWS ROAD
LAKE OSWEGO, OR 97035

LINDA S. MERICAN, AS
4949 SW MEADOWS ROAD
LAKE OSWEGO, OR 97035

KATHLEEN A. SMITH, AS
40 WESTMINSTER STREET
PROVIDENCE, RI 02903

JOHN F. ENYART SVP
4949 SW MEADOWS ROAD
LAKE OSWEGO, OR 97035