

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F00000001306

FILED
Apr 10, 2006
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: BIRD, DANIEL E
Address: 4949 SW MEADOWS RD, STE 650
City-St-Zip: LAKE OSWEGO, OR 97035

Title: S () Delete
Name: MARTIN, JEFFREY A
Address: 4949 SW MEADOWS ROAD, SUITE 500
City-St-Zip: LAKE OSWEGO, OR 97035

Title: AS () Delete
Name: RAYMOND, DEBRA 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: GREEN, PAUL F
Address: 40 WESTMINSTER STREET
City-St-Zip: PROVIDENCE, RI 02903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: ENYART, JOHN F
Address: 4949 S.W. MEADOWS ROAD, SUITE 650
City-St-Zip: LAKE OSWEGO, OR 97035

Title: SVP (X) Change () Addition
Name: BURD, DANIEL E
Address: 4949 SW MEADOWS RD, STE 650
City-St-Zip: LAKE OSWEGO, OR 97035

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

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

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

Title: AS (X) Change () Addition
Name: MERICAN, LINDA S
Address: 4949 SW MEADOWS ROAD, SUITE 500
City-St-Zip: LAKE OSWEGO, OR 97035

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LINDA S. MERICAN

AS

04/10/2006

Electronic Signature of Signing Officer or Director

_____ Date