

FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR) 2002

FILED

DOCUMENT # F00000006351

02 SEP 25 AM 10:52

1. Entity Name

PORTFOLIO FINANCIAL SERVICING COMPANY

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

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-09/26/02--01035--017

\*\*\*\*350.00 \*\*\*\*300.00

REINSTATEMENT 01-02

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2121 SW BROADWAY

Suite, Apt. #, etc.

SUITE #200

City & State

PORTLAND OR

Zip

97201

Country

USA

3. Mailing Address

401 N TRYON ST

Suite, Apt. #, etc.

NC1-021-02-20

City & State

CHARLOTTE NC

Zip

28255

Country

USA

4. FEI Number  
52-227-6492

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 S PINE ISLAND RD

City

PLANATION

FL

Zip Code

33324

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
CEO / PRES / SEC / DIR  
Jerry T. Hudspeth  
2121 SW Broadway, 2nd Floor  
Portland OR 97201

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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\*\*\*\*\*550.00 \*\*\*\*\*550.00

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
SVP  
Duane Smith  
401 N Tryon St  
Charlotte NC 28255

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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13. I 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 report or supplemental 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Duane Smith*

Duane Smith, SVP

8-12-2002 704-388-2460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/25/02