2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F02000000359

Entity Name: BARRETT BUSINESS SERVICES, INC.

FILED Apr 24, 2003 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:				
4724 SW MACADAM AVENUE PORTLAND, OR 97201				4724 SW MACADAM AVENUE PORTLAND, OR 97239				
Current Mailing Address:				New Mailing Address:				
4724 SW MACADAM AVENUE PORTLAND, OR 97201				4724 SW MACADAM AVENUE PORTLAND, OR 97239				
FEI Number: 52-0812977 FEI Number Applied For () FEI Number				mber Not Applicable () Certificate of Status Desired ()				
Name and Address of Current Registered Agent:					Name and Address of New Registered Agent:			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 US								
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: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS A						ERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () E SHERERTZ, WIL 4724 SW MACAE PORTLAND, OR			Title: Name: Address: City-St-Zip:	P (X SHERERTZ, V 4724 SW MAC PORTLAND, C	CADAM AVENU		
Title: Name: Address: City-St-Zip:	VS ()E MULHOLLAND, M 4724 SW MACAE PORTLAND, OR			Title: Name: Address: City-St-Zip:	VS (X MULHOLLAND 4724 SW MAC PORTLAND, C	ADAM AVENU		
Title: Name: Address: City-St-Zip:	V ()E VAUGHN, GREGO 4724 SW MACAE PORTLAND, OR			Title: Name: Address: City-St-Zip:	VAUGHN, GRI 4724 SW MAC	CADAM AVENU		
Title: Name: Address: City-St-Zip:	AS ()E MILLER, JAMES 4724 SW MACAE PORTLAND, OR	D		Title: Name: Address: City-St-Zip:	AS (X MILLER, JAMI 4724 SW MAC PORTLAND, C	CADAM AVENU		
Title: Name: Address: City-St-Zip:	V (X) I DONAHUE, JAME 4724 SW MACAE PORTLAND, OR			Title: Name: Address: City-St-Zip:	() Change()	Addition	
Title: Name: Address: City-St-Zip:	V (X) E GODARD, RICHA 4724 SW MACAE PORTLAND, OR			Title: Name: Address: City-St-Zip:	() Change()	Addition	

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: MICHAEL D. MULHOLLAND VS 04/24/2003