


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 20, 2004 08:00 AM
Secretary of State

DOCUMENT # F02000001592 1. Entity Name ACTIVE CREDIT SERVICES, INC.	
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Principal Place of Business 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221	Mailing Address PO BOX 80370 PORTLAND, OR 97280-1370
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01102004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 91-1828637	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SAMOJLOVSKI, GORAN 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARK, GARY 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST OLIVER, TRACY 6443 S W BEAVERTON-HILLSDALE HWY #432 PORTLAND, OR 97221
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01/20/04-80059-020 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-04 503 292-2077
Date Daytime Phone