
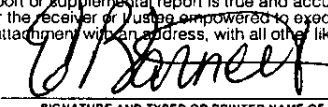


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2007 8:00 am
Secretary of State

04-16-2007 90084 022 ***150.00

DOCUMENT # F04000002276					
1. Entity Name PEOPLES CREDIT CO., INC.					
Principal Place of Business 1164 SE 82ND PORTLAND, OR 97216			Mailing Address 1164 SE 82ND PORTLAND, OR 97216		
2. Principal Place of Business - No. Rm. Box # 4950 NE 148th Ave PORTLAND OR		3. Mailing Address Same As Principal			
City, State PORTLAND OR		City & State PORTLAND OR			
Zip 97230		Country USA		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CORPDIRECT AGENTS, INC. 515 E. PARK AVE. TALLAHASSEE, FL 32301			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P NAME CHANEY, MICHAEL S STREET ADDRESS 8900 SE REVENUE RD CITY-ST-ZIP BORING, OR 97009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE MD NAME KINNEAR, MICHAEL STREET ADDRESS 16959 SE BARTELL RD CITY-ST-ZIP BORING, OR 97009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME BARNETT, ELIZABETH E STREET ADDRESS 4420 NE 31ST CITY-ST-ZIP PORTLAND, OR 97211	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME CHANEY, PATRICK STREET ADDRESS 400 SW VIEWCREST CITY-ST-ZIP GRESHAM, OR 97080	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE SVP NAME PETERSON, DAVID STREET ADDRESS 33900 SE BROOKDS RD CITY-ST-ZIP BORING, OR 97009	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE C NAME LESLIE, WILLIAM STREET ADDRESS 37625 SE KELSO CITY-ST-ZIP SANDY, OR 97055	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			4/10/07 503 254 7005		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		