

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002276

Entity Name: PEOPLES CREDIT CO., INC.

FILED
Jun 26, 2008
Secretary of State

Current Principal Place of Business:

4950 NE 148TH AVENUE
PORTLAND, OR 97230

New Principal Place of Business:

Current Mailing Address:

4950 NE 148TH AVENUE
PORTLAND, OR 97230

New Mailing Address:

FEI Number: 93-0988971

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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: CHANEY, MICHAEL S
Address: 8900 SE REVENUE RD
City-St-Zip: BORING, OR 97009

Title: MD () Delete
Name: KINNEAR, MICHAEL
Address: 16959 SE BARTELL RD
City-St-Zip: BORING, OR 97009

Title: VP () Delete
Name: BARNETT, ELIZABETH E
Address: 4420 NE 31ST
City-St-Zip: PORTLAND, OR 97211

Title: VP () Delete
Name: CHANEY, PATRICK
Address: 400 SW VIEWCREST
City-St-Zip: GRESHAM, OR 97080

Title: SVP () Delete
Name: PETERSON, DAVID
Address: 33900 SE BROOKDS RD
City-St-Zip: BORING, OR 97009

Title: C () Delete
Name: LESLIE, WILLIAM
Address: 37625 SE KELSO
City-St-Zip: SANDY, OR 97055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: ELIZABETH BARNETT

VP

06/26/2008

Electronic Signature of Signing Officer or Director

Date