

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 31, 2005 8:00 am
Secretary of State

01-31-2005 90056 013 ***150.00

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1. Entity Name

LIME FINANCIAL SERVICES, LTD., INC.



Principal Place of Business

5885 S.W. MEADOWS ROAD, SUITE 600
LAKE OSWEGO, OR 97035

Mailing Address

5885 S.W. MEADOWS ROAD, SUITE 600
LAKE OSWEGO, OR 97035

DO NOT WRITE IN THIS SPACE

01132005 No Chg-P CR2E034 (10/03)

4. FEI Number
93-1277159

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
526 EAST PARK AVENUE
TALLAHASSEE, FL 32301

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE CD
NAME BALDWIN, D. FRED
STREET ADDRESS 5885 S.W. MEADOWS ROAD, SUITE 600
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE SCEO
NAME HAMILTON, ALEXANDER E
STREET ADDRESS 5885 S.W. MEADOWS ROAD, SUITE 600
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE PCOO
NAME BALDWIN, MICHAEL C
STREET ADDRESS 5885 S.W. MEADOWS ROAD, SUITE 600
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE V
NAME LINN, RICHARD M
STREET ADDRESS 5885 S.W. MEADOWS ROAD, SUITE 600
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE VCFO
NAME OHL, GLENN
STREET ADDRESS 5885 S.W. MEADOWS ROAD, SUITE 600
CITY-ST-ZIP LAKE OSWEGO, OR 97035

TITLE V
NAME PARTHASARATHY, MIKE
STREET ADDRESS 5885 S.W. MEADOWS ROAD, SUITE 600
CITY-ST-ZIP LAKE OSWEGO, OR 97035

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12. 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 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

Date

Daytime Phone #

1.25.05 503.905.5117