

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000000093

FILED
Jan 02, 2008
Secretary of State

Entity Name: LIGHTSPEED TECHNOLOGIES OF OREGON, INC.

Current Principal Place of Business:

11509 SW HERMAN ROAD
TUALATIN, OR 97062

New Principal Place of Business:

Current Mailing Address:

11509 SW HERMAN ROAD
TUALATIN, OR 97062

New Mailing Address:

FEI Number: 93-1045590

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: PD () Delete
Name: RAMEY, JERRY
Address: 11509 SW HERMAN ROAD
City-St-Zip: TUALATIN, OR 97062

Title: CFOD () Delete
Name: OPRAY, BILL
Address: 11509 SW HERMAN ROAD
City-St-Zip: TUALATIN, OR 97062

Title: TSD () Delete
Name: OGLE, THOMAS
Address: 11509 SW HERMAN ROAD
City-St-Zip: TUALATIN, OR 97062

Title: D () Delete
Name: HEIDEMAN, JEROME
Address: 11509 SW HERMAN ROAD
City-St-Zip: TUALATIN, OR 97062

Title: D () Delete
Name: GROVE, DAVID N PHD
Address: 11509 SW HERMAN ROAD
City-St-Zip: TUALATIN, OR 97062

Title: D () Delete
Name: KOLLER, THOMAS
Address: 11509 SW HERMAN ROAD
City-St-Zip: TUALATIN, OR 97062

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: THOMAS OGLE

TSD

01/02/2008

Electronic Signature of Signing Officer or Director

Date