


2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09 APR 24 AM 11:08

DOCUMENT # F07000001122		
1. Entity Name MERCY CORPS, INC.		

Principal Place of Business 3015 SW FIRST AVENUE PORTLAND, OR 97201	Mailing Address 3015 SW FIRST AVENUE PORTLAND, OR 97201
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

04152009 REIN-NP CR2E099 (1/07)

4. FEI Number 91-1148123	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent	
REGISTERED AGENTS LEGAL SERVICES, LLC 155 OFFICE PLAZA DRIVE SUITE A 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: <i>Donna Fowler</i> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)	DATE: <i>4-20-09</i>
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FILE NOW!!! FEE IS \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	C	<input checked="" type="checkbox"/> Delete	TITLE	CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	NEWELL, ROBERT D		NAME	NEAL KENY-GUYER			
STREET ADDRESS	1300 SW FIFTH AVENUE, SUITE 2300		STREET ADDRESS	3015 SW FIRST AVE			
CITY-ST-ZIP	PORTLAND, OR 97201		CITY-ST-ZIP	PORTLAND, OR 97201			
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DE GALAN, MATTHEW		NAME	MARY CHAFFIN			
STREET ADDRESS	3015 SW FIRST AVENUE		STREET ADDRESS	3015 SW FIRST AVE			
CITY-ST-ZIP	PORTLAND, OR 97201		CITY-ST-ZIP	PORTLAND, OR 97201			
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	LINDBORG, NANCY		NAME				
STREET ADDRESS	1730 RHODE ISLAND AVENUE NW, SUITE 809		STREET ADDRESS				
CITY-ST-ZIP	WASHINGTON, DC 200363115		CITY-ST-ZIP				
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ZIMMERMAN, STEPHEN		NAME				
STREET ADDRESS	3015 SW FIRST AVENUE		STREET ADDRESS				
CITY-ST-ZIP	PORTLAND, OR 97201		CITY-ST-ZIP				
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	MITCHELL, STEPHEN		NAME				
STREET ADDRESS	3015 SW FIRST AVENUE		STREET ADDRESS				
CITY-ST-ZIP	PORTLAND, OR 97201		CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				

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 617, 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: <i>Mary Chaffin</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE: <i>4.15.2009</i> DAYTIME PHONE #: <i>503-796-6800</i>