

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F07000005793

FILED
Mar 19, 2009
Secretary of State

Entity Name: GREEN BUILDING SERVICES, INC.

Current Principal Place of Business:

133 SW 2ND AVE.
SUITE 201
PORTLAND, OR 97204

New Principal Place of Business:

Current Mailing Address:

133 SW 2ND AVE.
SUITE 201
PORTLAND, OR 97204

New Mailing Address:

FEI Number: 20-3203918

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: COALSON, JAY
Address: 133 SW 2ND AVE., SUITE 201
City-St-Zip: PORTLAND, OR 97204

Title: SD () Delete
Name: AYE, ELAINE
Address: 6787 MAPLE CT.
City-St-Zip: W. LINN, OR 97068

Title: D () Delete
Name: DINOLA, RALPH
Address: 2426 SE 20TH AVE.
City-St-Zip: PORTLAND, OR 97202

Title: D () Delete
Name: MILLER, KATRINA S
Address: 7205 SE 18TH AVE.
City-St-Zip: PORTLAND, OR 97202

Title: D () Delete
Name: MANNING, RICHARD
Address: 1150 SW BUTTE LANE
City-St-Zip: BEAVERTON, OR 97008

Title: D () Delete
Name: TALLERIN, NINA
Address: 14450 AUSTIN PL
City-St-Zip: ANACORTES, WA 98221

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:

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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: JAY T COALSON

PRES

03/19/2009

Electronic Signature of Signing Officer or Director

Date