

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000001940

Entity Name: THE SEABERG COMPANY, INC.

FILED  
Jun 23, 2009  
Secretary of State

## Current Principal Place of Business:

7409 SW TECH CENTER DRIVE  
SUITE 150  
PORTLAND, OR 97223

## New Principal Place of Business:

## Current Mailing Address:

P.O. BOX 3270  
TUALATIN, OR 97062

## New Mailing Address:

FEI Number: 93-0901131

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMBS, CHARLES  
5610 LAFAYETTE AVE.  
SEBRING, FL 33875 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CHRM ( ) Delete  
Name: SCHEINBERG, SAMUEL  
Address: P.O. BOX 419  
City-St-Zip: NEOTSU, OR 97364

Title: COOD ( ) Delete  
Name: POLLIACK, ADRIAN  
Address: 16640 FIR LANE  
City-St-Zip: LAKE OSWEGO, OR 97034

Title: P ( ) Delete  
Name: SCHEINBERG, CHERYL  
Address: P.O. BOX 419  
City-St-Zip: NEOTSU, OR 97364

Title: ST ( ) Delete  
Name: BAKER, JOHN  
Address: 2014 NW CRESTVIEW DR.  
City-St-Zip: NEWPORT, OR 97365

## 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:

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: ADRIAN POLLIACK

COOD

06/23/2009

Electronic Signature of Signing Officer or Director

Date