

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000004265

FILED  
Apr 01, 2009  
Secretary of State

Entity Name: EVERGREEN DEFENSE & SECURITY SERVICES, INC.

## Current Principal Place of Business:

3850 THREE MILE LANE  
MC MINNVILLE, OR 97128

## New Principal Place of Business:

## Current Mailing Address:

3850 THREE MILE LANE  
MC MINNVILLE, OR 97128

## New Mailing Address:

FEI Number: 26-0760118

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: C ( ) Delete  
Name: SMITH, DELFORD M  
Address: 3850 THREE MILE LANE  
City-St-Zip: MC MINNVILLE, OR 97128

Title: D ( ) Delete  
Name: IRWIN, JOHN A  
Address: 3850 THREE MILE LANE  
City-St-Zip: MC MINNVILLE, OR 97128

Title: D ( ) Delete  
Name: WAHLBERG, TIMOTHY G  
Address: 3850 THREE MILE LANE  
City-St-Zip: MC MINNVILLE, OR 97128

Title: D ( ) Delete  
Name: BERSELLI, A. BLYTHE  
Address: 3850 THREE MILE LANE  
City-St-Zip: MC MINNVILLE, OR 97128

Title: P ( ) Delete  
Name: WIGGINS, THOMAS  
Address: 3850 THREE MILE LANE  
City-St-Zip: MC MINNVILLE, OR 97128

Title: VP (X) Delete  
Name: GROSS, VICKIE  
Address: 3850 THREE MILE LANE  
City-St-Zip: MC MINNVILLE, OR 97128

## 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 WIGGINS

P

04/01/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date