

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F10000001515

FILED
Feb 22, 2011
Secretary of State

Entity Name: WEST COAST LUMBER INSPECTION BUREAU INC.

Current Principal Place of Business:

6980 VARNIS ST.
TIGARD, OR 97223

New Principal Place of Business:

Current Mailing Address:

6980 VARNIS ST.
TIGARD, OR 97223

New Mailing Address:

PO BOX 23145
PORTLAND, OR 97281

FEI Number: 93-6049581

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELLEY, BRADLEY
1809 NW FRONTIER DRIVE
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

SCHOEN, MIKE
1809 NW FRONTIER DRIVE
LAKE CITY, FL 32055 US

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: MIKE SCHOEN

02/22/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CONT
Name: SCHOEN, MIKE
Address: PO BOX 23145
City-St-Zip: PORTLAND, OR 97281

Title: D
Name: ANDERSON, JACOB
Address: PO BOX 23145
City-St-Zip: PORTLAND, OR 97281

Title: D
Name: BODENSTAB, CURT
Address: PO BOX 23145
City-St-Zip: PORTLAND, OR 97281

Title: D
Name: PLUME, GORDON
Address: PO BOX 23145
City-St-Zip: PORTLAND, OR 97281

Title: D
Name: DENNER, MARK
Address: PO BOX 23145
City-St-Zip: PORTLAND, OR 97281

Title: P
Name: PARKS, TOM
Address: PO BOX 23145
City-St-Zip: PORTLAND, OR 97281

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MIKE SCHOEN

CONT

02/22/2011

Electronic Signature of Signing Officer or Director

Date