

10-7-98 B-8350C
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Oct 07 1998 8:00am
Secretary of State

DOCUMENT # F94000003114 (5)
1. Corporation Name

PACIFIC LANGUAGE ASSOCIATES, INC.



Principal Place of Business

8335 SW 22ND AVE.
PORTLAND OR 97219
US

Mailing Address

8335 SW 22ND AVE.
PORTLAND OR 97219
US

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

06/15/1994

4. FEI Number

93-0616900

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

21 9600 SW Capitol Hwy

Suite, Apt. #, etc.

22

City & State

Portland OR

Zip

97219

Country

USA

2a. Mailing Address

26 6312 SW Capitol Hwy

Suite, Apt. #, etc.

27

#501

City & State

Portland OR

Zip

97201

Country

USA

9. Name and Address of Current Registered Agent

PLOENER, FRANCIS DR
16400 NW 32ND AVE.
ST THOMAS UNIVERSITY
MIAMI FL 33054

10. Name and Address of New Registered Agent

81 Name

Susan Altman

82 Street Address (P.O. Box Number is Not Acceptable)

16400 NW 32nd Ave

83

St Thomas University

84 City

Miami

FL

85 Zip Code

33054

11. Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Susan M. Altman

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/98

12. OFFICERS AND DIRECTORS

TITLE

PDC
NAME
SLOAT, CLARENCE DR
STREET ADDRESS
5017 SW ORCHARD LANE
CITY-ST-ZIP
PORTLAND OR 97219

☒ DELETE

TITLE

S
NAME
STIPEK, BARBARA S
STREET ADDRESS
5017 SW ORCHARD LANE
CITY-ST-ZIP
PORTLAND OR 97219

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

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CITY-ST-ZIP

☐ DELETE

TITLE

NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

PDC

☒ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE REQUIRED

CR2E034 (5/98)