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Jan 29 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F94000003648 (2)

1. Corporation Name
THE WADDELL ORGANIZATION, INC.

Principal Place of Business

P.O. BOX 7946
EUGENE OR 97401

Mailing Address

P.O. BOX 7946
EUGENE OR 97401-0037



3. Date Incorporated or Qualified
07/13/1994

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 1580 Valley River Drive

Suite, Apt. #, etc.
210

22 City & State
Eugene OR

23 Zip
97401

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

4. FEI Number

93-1079596

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CP
NAME WADDELL, DONALD A
STREET ADDRESS 1580 VALLEY RIVER DR, STE 280
CITY-ST-ZIP EUGENE OR

TITLE S
NAME WHEELER, MYRNA K
STREET ADDRESS 1580 VALLEY RIVER DR, STE 280
CITY-ST-ZIP EUGENE OR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE V
1.2 NAME Christina M. Lund
1.3 STREET ADDRESS 1580 Valley River Dr, Suite 210
1.4 CITY-ST-ZIP Eugene OR 97401

2.1 TITLE CP
2.2 NAME Waddell, Donald
2.3 STREET ADDRESS 1580 Valley River Dr, Suite 210
2.4 CITY-ST-ZIP Eugene OR 97401

3.1 TITLE S
3.2 NAME wheeler, Myrna
3.3 STREET ADDRESS 1580 Valley River Dr, Suite 210
3.4 CITY-ST-ZIP Eugene OR 97401

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

Myrna K. Wheeler

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/97

Date

541-344-5555

Daytime Phone #

CR2E034 (9/96)