

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F95000000723 (5)

1. Corporation Name

WILSHIRE CREDIT CORPORATION



Principal Place of Business 1776 MADISON AVENUE, SUITE 300 PORTLAND OR 97205	Mailing Address 1776 MADISON AVENUE, SUITE 300 PORTLAND OR 97205
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/13/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number

95-4229749

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

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
120 HAYS STREET, SUITE 105
TALLAHASSEE FL 32301

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	PECO	<input type="checkbox"/> DELETE
NAME	WIEDERHORN, ANDREW	
STREET ADDRESS	1776 SW MADISON ST, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	

TITLE	D	<input type="checkbox"/> DELETE
NAME	WIEDERHORN, ANDREW	
STREET ADDRESS	1776 SW MADISON ST, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	

TITLE	EV	<input type="checkbox"/> DELETE
NAME	MENDELSON, LAWRENCE A	
STREET ADDRESS	1776 SW MADISON ST, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	

TITLE	V	<input type="checkbox"/> DELETE
NAME	KEPP, KEN	
STREET ADDRESS	1776 SW MADISON ST, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	

TITLE	V	<input type="checkbox"/> DELETE
NAME	BERCHTOLD, DON	
STREET ADDRESS	1776 SW MADISON ST, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	

TITLE	SVP	<input type="checkbox"/> DELETE
NAME	TASSOS, CHRIS	
STREET ADDRESS	1776 SW MADISON ST SUITE 300	
CITY-ST-ZIP	PORTLAND OR	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CFO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		

3.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

4.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE	SVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE	EVP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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:

Chris Tassos

Chris Tassos 503-223-5200

CR2E034 (10/97)