

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000004302 (4)

1. Corporation Name

THE DOT SHOP, INC.



Principal Place of Business

Mailing Address

P.O. BOX 20099
PORTLAND OR 97220

P.O. BOX 20099
PORTLAND OR 97220

3. Date Incorporated or Qualified

3a. Date of Last Report

09/06/1995

2. Principal Place of Business

2a. Mailing Address

21 **12025 NE Sumner Street**

26 **12025 NE Sumner Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 **Portland, OR**

28 **Portland, OR**

Zip

Country

Zip

Country

24 **97220**

25 **U.S.A.**

29 **97220**

30 **U.S.A.**

4. FEI Number

Applied For

93-1014752

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

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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 re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PCD
MILLER, DONALD R
12025 NE SUMNER ST.
PORTLAND OR**

TITLE ☒ DELETE

NAME **V
BRANCH, R S
12025 NE SUMNER ST.
PORTLAND OR**

TITLE ☒ DELETE

NAME **V
ORME, AARON
12025 NE SUMNER ST.
PORTLAND OR**

TITLE ☐ DELETE

NAME **SD
HEALY, SUSAN C
12025 NE SUMNER ST.
PORTLAND OR**

TITLE ☐ DELETE

NAME **TD
LEWIS, MARGARET C
12025 NE SUMNER ST.
PORTLAND OR**

TITLE ☐ DELETE

NAME **D
MILLER, KAREN J
12025 NE SUMNER ST.
PORTLAND OR**

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 ☐ 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

SCHULZ, SUSAN C.

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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Susan C. Schulz Susan C. Schulz 4-10-96 (503) 256-7585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)