

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 # F95000005293 (4)

1. Corporation Name

CLAREMONT TECHNOLOGY GROUP, INC.

Principal Place of Business

Mailing Address

1600 NW COMPTON DR., STE. 210
BEAVERTON OR 97006

1600 NW COMPTON DR., STE. 210
BEAVERTON OR 97006



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

10/30/1995

4. FEI Number

Applied For

93-1004490

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

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P / D ☐ DELETE

NAME COSGRAVE, PAUL J

STREET ADDRESS 487 EAST MAIN ST., #147

CITY-ST-ZIP MT. KISCO NY 10549-0110

TITLE V ☐ DELETE

NAME MURPHY, TERRY D

STREET ADDRESS 1600 NW COMPTON DR., STE. 210

CITY-ST-ZIP BEAVERTON OR 97006

TITLE S ☐ DELETE

NAME CAMPBELL, WILLIAM C

STREET ADDRESS 222 SW COLUMBIA, SUITE 1800

CITY-ST-ZIP PORTLAND OR 97201-6618

TITLE D ☐ DELETE

NAME STONE, JERRY

STREET ADDRESS 1600 NW COMPTON DR., SUITE 210

CITY-ST-ZIP BEAVERTON OR 97006

TITLE D ☐ DELETE

NAME DARROW, STEVEN L

STREET ADDRESS 1600 NW COMPTON DR., SUITE 210

CITY-ST-ZIP BEAVERTON OR 97006

TITLE D ☐ DELETE

NAME MARDESICH, PAUL

STREET ADDRESS 1600 NW COMPTON DR., SUITE 210

CITY-ST-ZIP BEAVERTON OR 97006

1.1 TITLE

D

1.2 NAME

Brian C. Caldwell

1.3 STREET ADDRESS

1600 NW Compton Dr., Ste. 210

1.4 CITY-ST-ZIP

Beaverton, OR 97006

2.1 TITLE

D

2.2 NAME

Neil E. Goldschmidt

2.3 STREET ADDRESS

222 SW Columbia, Ste. 1850

2.4 CITY-ST-ZIP

Portland, OR 97201

3.1 TITLE

D

3.2 NAME

Phillip Seeley

3.3 STREET ADDRESS

1600 NW Compton Dr., Ste. 210

3.4 CITY-ST-ZIP

Beaverton, OR 97006

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 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; that the receiver or trustee is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 in this report or in an attachment with an address.

SIGNATURE:

William C. Campbell

4/10/96

503-226-1191

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Secretary

Date

Daytime Phone #

CR2E034 (12/95)