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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **F9600000996**1. Corporation Name

WILLAMETTE VALLEY COMPANY

Principal Place of Business	Mailing Address				
660 MCKINLEY ST.	660 MCKINLEY ST.	****			
EUGENE OR 97402	EUGENE OR 97402			DO NOT WRITE IN	THIS SPACE
	1			3. Date Incorporated or Qualifed	
				02/27/1996	
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21	26			93-0469759	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22	27			5. Certificate of Status Desired	Fee Required
City & State	City & State	·		6. Election Campaign Financing	\$5.00 May Be
23	28			Trust Fund Contribution	Added to Fees
Zip · Country	Zip	Country		8. This corporation owes the current y	
24 25		30	· .	Personal Property Tax.	☐ Yes ☐ No
	of Current Registered Agent	81	Name	10. Name and Address of New Regis	stered Agent
		81	Name		
C T CORPORATION SYSTEM	n DOAD	82	Street Add	ress (P.O. Box Number is Not Acceptable)	
PLANTATION FL 33324	TOAD	-		2 (412 (412) 1414 (114) 1414	NI TORE WHEN BUILDING WINE BIRE SHE SEN
PLANTATION PL 33324**		83			
CARROTT ALTER		84	City	The design of the control of the second of	85 Zip Code
	AND KIND HAS TO A KIN			the selection of the pure	ose of changing its registered
11. Pursuant to the provisions of Section of Section of Section of Section agent, or both, in agent, 1 am familiar with, and accept	s 607,0502 and 607,1508, Florida Statutes the State of Florida: Such change was aut the obligations of, Section 607,0505, Florid the obligations of Section 607,0505, Florida	thorized by the da Statutes.	he corporat	poration submits this statement for the purpion's board of directors. I hereby accept the	e appointment as registered
SIGNATURE	AVATE E				DATE
			cionatura requir	ed when reinstating) / / 1/2/2	JAILE
	gioto: 14 - g		signature requir	ed wilen feltistanig/, / s , see .	
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1. 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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

660 MCKINLEY ST.

FILED

Jan 28, 1999 8:00am

Secretary of State

01-28-1999 90005 043 ***150.00