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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9600005847 (6)

MCCORMICK & SCHMICK'S ECP III, INC.

FILED Apr 29 1997 8:00am Secretary of State

| Principat Place of Business 720 SW WASHINGTON ST #550 PORTLAND OR 97205-3507 |                                |   |          | Mailing Address 720 SW WASHINGTON ST #550 PORTLAND OR 97205-3592 |            |  |               |   |   |                                  |             |                                       |     |  |
|--|--------------------------------|---|----------|--|------------|--|---------------|---|---|----------------------------------|-------------|---------------------------------------|-----|--|
|  |                                |   |          |  |            |  |               |   |   |                                  |             |                                       |     |  |
| ĝ.   | 2. Principal Place of Business |   |          | 2a. Mailing Address  |            |  | 4.            | , FEI Number  |   |                                  | Applied For |                                       |     |  |
| 21   | <u>វា</u>                      |   |          | 26   |            |  |               |   | APPLIED FOR 93-11   | 22799                            | <b>19</b> L | Not Applicab                          | le  |  |
| 22   | Sulte, Apt. #, etc.            |   |          | Suite, Apt. #, etc.  |            |  | 6.            | . Certificate of Status Desired   | X   | \$8.75 Additiona<br>Fee Required |             |                                       |     |  |
| 23   | City & State                   |   |          | City & State   |            |  | 6.            | Election Campaign Financing Trust Fund Contribution   | g \$5.00 May Be Added to Fees   |                                  |             |                                       |     |  |
| 24   | Zip                            | Country<br>25   | 29       | Zip Country <b>30</b>  |            |  |               | B. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☒ No |   |                                  |             |                                       | , i |  |
| _  |                                | and Address of Curre  | nt Regi  | stered Agent   |            |  |               | 10.   | , Name and Address of New Re  | gistered A                       | genl        |                                       |     |  |
| CORPORATION SERVICE COMPANY  |                                |   |          |  |            | 81   | Name          | Name  |   |                                  |             |                                       |     |  |
| 1201 HAYS STREET<br>TALLAHASSEE FL 32301-2525                                |                                |   |          |  | 82         | Street Address (P.O. Box Number is Not Acceptable) |               |   |   |                                  |             |                                       |     |  |
|  |                                |   |          |  | 83         |  |               |   |   |                                  |             |                                       | 1   |  |
|  |                                |   |          |  |            | 84   | City          |   |   | FL                               | 85          | Zip Code                              | ,   |  |
| 11   | office or registered as        | ilons of Sections 607.05<br>gent, or both, in the State<br>lith, and accept the oblig | e of Flo | rida. Such change was  | authorized | by   | the corporati | oratio<br>on's I  | on submits this statement for the p<br>board of directors. I hereby accep | urpose of o                      | hang        | ing its registere<br>nt as registered | d   |  |

SIGNATURE (NOTE: Registored Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DCPM DELETE Change TITLE 1.1 TITLE Addition NAME MCCORMICK, WILLIAM P 1.2 NAME 720 SW WASHINGTON ST #550 STREET ADDRESS 1.3 STREET ADDRESS PORTLAND OR 97205-3507 1.4 CITY - ST-ZIP DELETE Change Addition TITLE DOST 211005 MCCORMICK, DOUGLAS L NAME 2.2 NAME 720 SW WASHINGTON ST #550 STREET ADDRESS 2.3 STREET ADDRESS **PORTLAND OR 97205-3507** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE ☐ Change Addition NAME Kelso, Jerry R 3.2 NAME 720 SW WASHINGTON ST #550 STREET ADDRESS 3.3 STREET ADDRESS PORTLAND OR 97205-3507 CITY-ST-ZIP 3.4. CITY-\$T-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 C(1Y - S1 - Z(P DELFTE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

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.