11-29-97 B-553 C 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 # F9600005848 (4)

MCCORMICK & SCHMICK'S FINANCIAL SERVICES, INC.

pipal Place of Business	Mailing Address
SW WASHINGTON ST #550	720 SW WASHINGTON ST #550
RTLAND OR 97205-3507	PORTLAND OR 97205-3592

FILED Apr 29 1997 8:00am Secretary of State



PORTLAND OF	97205-3507	PORTLAND OR 97205-359	2						
						Date Incorporated or Qualified 11/08/1996	3a. Date of	Last R	eport
· ·	lace of Business	2a. Mailing Address				4. FEI Number		Ar	plied For
21		26				93-1195617		No	t Applicable
Sulte, Apt.	·	Suite, Apt. #, etc.			· · · · · · · · · · · · · · · · · · ·	Certificate of Status Desired		3.75 Fee Ro	Additional equired
City & State		City & State				Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Coun	ntry		8. This corporation has liability for in	ıtangible taκ ι	nder s	199.032,
24	9, Name and Address of Curren	29	30				Yes No		
		r Negistered Agent		81 1	Name	10. Name and Address of New Reg	istered Agen	<u>t</u>	
	RPORATION SERVICE COMPANY 1 HAYS STREET		[-		·			
	LAHASSEE FL 32301-2525		[4	82 8	Street Addr	ress (P.O. Box Number is Not Acceptable	0)		
IAC	LANAGGEE PE SZSU1-ZSZS		-	вз					
			L						
			[1	B4 (City		FL 85	Zip	Code
11. Pursuant office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State	2 and 607,1508, Florida Statut of Florida, Such change was	les, the abo authorized	ove-n by th	named corp	poration submits this statement for the pulion's board of directors. I hereby accept	rpose of char the appointm	l nging il ient a s	s registered registered
	m rammar with, and accept the obliga	RIOHS OF SECTION DOV.0505, FR	unda Sialu	nes.					
SIGNATURE	Signature, lyped or printed name of registered ager	ol and litie if appteable (NOI	It. Registered	Agont a	signature requir	red when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE	RS AND DIR	CTOR	S IN 12
TITLE	DCP	☐ DELFTE	1.1 1011	E				hange	Addition
NAME	MCCORMICK, WILLIAM P		1.2 NAN	ÆE					
STREET ADDRESS	720 SW WASHINGTON ST #5	50	1.3 STR	EE1 AD	idress				
CITY-ST-ZIP	PORTLAND OR 97205-3507		1.4 C/TY		7IP				
TITLE	DCST	☐ DELETE	2.1 TITL					hange	☐ Addition
NAME	SCHMICK, DOUGLAS L	•^	2.2 NAN	-					
STREET ADDRESS	720 SW WASHINGTON ST #55 PORTLAND OR 97205-3507	NU .	2.3 STR						
CITY-ST-ZIP TITLE	V PORTDAND OR 97203-3307	DELETE	2. 4 CIT		ZIP				1
NAME	KELSO, JERRY R	טנגנונ 🗀 טנגנונ	3.1 TITE		1			hange	Addition
STREET ADDRESS	720 SW WASHINGTON ST #59	: ^	3.2 NAN						
CITY-ST-ZIP	PORTLAND OR 97205-3507	<i>,</i> 0	3.3 STR						
TITLE	TOTAL OF CITED CON	DELETE	3.4. CIT 4.1 TITL		Zir.			hange	Addition
NAME		- PARCIE	4.2 NA					uange	AVUIDUI
STREET ADDRESS			4.3 STR		ORESS				
CITY-ST-ZIP			4.4 CITY						
TITLE		DELETE	5.1 TITL					hange	Addition
NAME			5.2 NAM	AE			_	-	
STREET ADDRESS			5.3 STRI	EET ADI	DRESS				
CITY-ST-ZIP			5.4 City	7-81-7	7IP				
TITLE		DELETE	6.1 1171					hange	Addition
NAME	•		6 2 NAM	AE.					
STREET ADDRESS			6.3 STR	eet adi	DRESS				
CITY-ST-ZIP	•		6.4 CITY	/-ST-Z	7IP				

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 eath; 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.

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