

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

FILED  
May 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000006638 (8)**

1. Corporation Name

**WILSHIRE SERVICING CORPORATION**

Principal Place of Business

**1776 SW MADISON STREET, SUITE 300  
PORTLAND OR 97205**

Mailing Address

**1776 SW MADISON STREET, SUITE 300  
PORTLAND OR 97205-1715**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>12/18/1996</b>		3a. Date of Last Report	
21		26		4. FEI Number <b>93-1226008</b>		Applied For Not Applicable	
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24. Zip		29. Zip		30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

**FL**

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	CEOS	1.1 TITLE	<b>SVP</b>
NAME	<b>WIEDERHORN, ANDREW</b>	1.2 NAME	<b>SARIL MARENDA</b>
STREET ADDRESS	<b>1776 SW MADISON ST. SUITE 300</b>	1.3 STREET ADDRESS	<b>1776 SW MADISON ST.</b>
CITY- ST- ZIP	<b>PORTLAND OR 97205</b>	1.4 CITY- ST- ZIP	<b>PORTLAND, OR 97205</b>
TITLE	<b>P</b>	2.1 TITLE	<b>SVP</b>
NAME	<b>MENDELSON, LAWRENCE</b>	2.2 NAME	<b>TSO ABORG</b>
STREET ADDRESS	<b>1776 SW MADISON STREET, SUITE 300</b>	2.3 STREET ADDRESS	<b>1776 SW MADISON ST.</b>
CITY- ST- ZIP	<b>PORTLAND OR 97205</b>	2.4 CITY- ST- ZIP	<b>PORTLAND, OR 97205</b>
TITLE	<b>V</b>	3.1 TITLE	<b>CFO</b>
NAME	<b>KEPP, KENNETH</b>	3.2 NAME	<b>GLOW ONI</b>
STREET ADDRESS	<b>1776 SW MADISON STREET, SUITE 300</b>	3.3 STREET ADDRESS	<b>1776 SW MADISON ST.</b>
CITY- ST- ZIP	<b>PORTLAND OR 97205</b>	3.4 CITY- ST- ZIP	<b>PORTLAND, OR 97205</b>
TITLE	<b>V</b>	4.1 TITLE	
NAME	<b>BERCHTOLD, DONALD</b>	4.2 NAME	
STREET ADDRESS	<b>1776 SW MADISON STREET, SUITE 300</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PORTLAND OR 97205</b>	4.4 CITY- ST- ZIP	
TITLE	<b>V</b>	5.1 TITLE	
NAME	<b>TASSOS, CHRIS</b>	5.2 NAME	
STREET ADDRESS	<b>1776 SW MADISON STREET, SUITE 300</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PORTLAND OR 97205</b>	5.4 CITY- ST- ZIP	
TITLE	<b>V</b>	6.1 TITLE	
NAME	<b>VINCENT, PHILLIP</b>	6.2 NAME	
STREET ADDRESS	<b>1776 SW MADISON STREET, SUITE 300</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PORTLAND OR 97205</b>	6.4 CITY- ST- ZIP	

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 or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE REQUIRED

**4/24/97**

Date

**(503) 952-7360**

Daytime Phone # 0011836

CR2E034 (9/96)