

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 02, 2000 8:00 am
Secretary of State
 02-02-2000 90041 046 ***150.00

DOCUMENT # F96000006638

1. Entity 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

1776 SW Madison

Suite, Apt. #, etc.

3. Mailing Address

1776 SW Madison

Suite, Apt. #, etc.

City & State
Portland, OR

City & State
Portland, OR

Zip
97205

Country
USA

Zip
97205

Country
USA

4. FEI Number **93-1226008**

Applied For
 Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☒

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2000 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE	CEOS	<input checked="" type="checkbox"/> Delete
NAME	WIEDERHORN, ANDREW	
STREET ADDRESS	1776 SW MADISON ST. SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MENDELSON, LAWRENCE	
STREET ADDRESS	1776 SW MADISON STREET, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KEPP, KENNETH	
STREET ADDRESS	1776 SW MADISON STREET, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	BERCHTOLD, DONALD	
STREET ADDRESS	1776 SW MADISON STREET, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	TASSOS, CHRIS	
STREET ADDRESS	1776 SW MADISON STREET, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	VINCENT, PHILLIP	
STREET ADDRESS	1776 SW MADISON STREET, SUITE 300	
CITY-ST-ZIP	PORTLAND OR 97205	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	President & Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jay Memmott	
STREET ADDRESS	1776 SW Madison	
CITY-ST-ZIP	Portland, OR 97205	
TITLE	VP & Assistant Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Laurie Magee	
STREET ADDRESS	1776 SW Madison	
CITY-ST-ZIP	Portland, OR 97205	
TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Stephen Glenmon	
STREET ADDRESS	1776 SW Madison	
CITY-ST-ZIP	Portland, OR 97205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Memmott, President & Director 1/27/00 503-233-5600

Date

Daytime Phone #

CR2E034 (9/99)