

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 21, 2001 8:00 am**  
**Secretary of State**

02-21-2001 90005 002 \*\*\*150.00

0441215

**DOCUMENT # F97000000677**

1. Entity Name

**MORGAN PF, INC.**

Principal Place of Business

1625 NW AMBERGLEN CT.. #200  
 SUITE 125  
 BEAVERTON OR 97006

Mailing Address

C/O ORIX CREDIT ALLIANCE INC  
 300 LIGHTING WAY  
 SECAUCUS NJ 07096  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **93-1203429**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**UNITED CORPORATE SERVICES, INC.**  
**9200 SOUTH DADELAND BLVD.**  
**SUITE 508**  
**MIAMI FL 33156-0000**

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, 2001 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	PDCE	<input checked="" type="checkbox"/> Delete
NAME	COOPER, PHILIP D	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	PARKERSON, HAL B	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	VTD	<input checked="" type="checkbox"/> Delete
NAME	MCDEUITT, JOSEPH J	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS NJ	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	SALGE, ROBERT J	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	GORDON, BRUCE B	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS NJ 07096	
TITLE	VDCO	<input checked="" type="checkbox"/> Delete
NAME	KALLICK, SANDY	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS NJ 07096	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	KALLICK, SANDY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	300 LIGHTING WAY	
STREET ADDRESS	SECAUCUS, NJ 07096	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GUSOFF, GARY	
STREET ADDRESS	300 LIGHTING WAY	
CITY-ST-ZIP	SECAUCUS, NJ 07096-1525	
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		
TITLE	SVP, D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GROSS, ERIC	
STREET ADDRESS	1625 NW AMBERGLEN COURT	
CITY-ST-ZIP	BEAVERTON, OR 97006	

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

Date

Daytime Phone #

**HAL B. PARKERSON**  
**EVP & SECRETARY** 1/24/2001 (201) 601-9000

CR2E034 (10/00)