

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 26, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000004428**1. Entity Name
MEDFAC, INC.

Principal Place of Business	Mailing Address
PO BOX 3305	PO BOX 3305
PORTLAND	OR
97208	PORTLAND
	OR
	97208

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

93-0862556

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**7. Name and Address of New Registered Agent**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

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 _____ **02/26/2001**

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****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	T	☐ Delete
NAME	KANESHIRO CLYDE	
STREET ADDRESS	815 S.W. 2ND SUITE 300	
CITY-ST-ZIP	PORTLAND	OR 97208

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	S	☐ Delete
NAME	THOMPSON SALLY	
STREET ADDRESS	815 S.W. 2ND SUITE 300	
CITY-ST-ZIP	PORTLAND	OR 97208

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	PCD	☐ Delete
NAME	LEE S W	
STREET ADDRESS	815 S.W. 2ND SUITE 300	
CITY-ST-ZIP	PORTLAND	OR 97208

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ Addition
NAME	
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CITY-ST-ZIP	

TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	☐ Change ☐ 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: Clyde T. Kaneshiro

T

02/26/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)