

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F97000006572

FILED
Apr 30, 2002 8:00 AM
Secretary of State

Entity Name: HOME AND COMMUNITY CARE, INC.

Current Principal Place of Business:

11835 NE GLENN WIDING DR
BUILDING E
PORTLAND, OR 97220 US

New Principal Place of Business:

Current Mailing Address:

11835 NE GLENN WIDING DR
BUILDING E
PORTLAND, OR 97220 US

New Mailing Address:

FEI Number: 86-0864255 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X).

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WILSON, KEREN B
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

Title: T () Delete
Name: CRUCKSHANK, JAMES W
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

Title: S () Delete
Name: SANDRA CAMPBELL,
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

Title: D () Delete
Name: BROWN WILSON, KEREN
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: VICK, STEVEN L
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

Title: T (X) Change () Addition
Name: MILLER, DREW Q
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: VICK, STEVEN L
Address: 11835 NE GLENN WIDING DR, BLDG E
City-St-Zip: PORTLAND, OR 97220

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SANDRA CAMPBELL

S

04/30/2002

Electronic Signature of Signing Officer or Director

_____ Date