

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Feb 23, 1999 8:00 am  
Secretary of State

02-23-1999 90112 016 \*\*\*150.00

DOCUMENT # F98000004459

1. Corporation Name

THE REAL ITEX CORPORATION

Principal Place of Business

PO BOX 2309  
PORTLAND OR 97208

Mailing Address

PO BOX 2309  
PORTLAND OR 97208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/06/1998

4. FEI Number

93-0922994

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation owes the current year Intangible  
Personal Property Tax.

☐

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 PC ☐ DELETE

NAME NORRIS, GRAHAM H SR  
STREET ADDRESS 10300 SW GREENBURG RD., #370  
CITY-ST-ZIP PORTLAND OR 97223

1.1 TITLE D ☐ Change ☒ Addition

1.2 NAME Padbury, Charles  
1.3 STREET ADDRESS 10300 SW Greenburg Rd., #370  
1.4 CITY-ST-ZIP Portland, OR 97223

TITLE VTD ☐ DELETE

NAME MORRIS, JOSEPH  
STREET ADDRESS 10300 SW GREENBURG RD., #370  
CITY-ST-ZIP PORTLAND OR 97223

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Ames, Evan  
2.3 STREET ADDRESS 10300 SW Greenburg Rd., #370  
2.4 CITY-ST-ZIP Portland, OR 97223

TITLE S ☐ DELETE

NAME SNYDER, DONOVAN C  
STREET ADDRESS 10300 SW GREENBURG RD., #370  
CITY-ST-ZIP PORTLAND OR 97223

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Nelson, Robert  
3.3 STREET ADDRESS 10300 SW Greenburg Rd., #370  
3.4 CITY-ST-ZIP Portland, OR 97223

TITLE DV ☐ DELETE

NAME SCHERR, MARY J  
STREET ADDRESS 10300 SW GREENBURG RD., #370  
CITY-ST-ZIP PORTLAND OR 97223

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Erickson, Ronald  
4.3 STREET ADDRESS 10300 SW Greenburg Rd. #370  
4.4 CITY-ST-ZIP Portland, OR 97223

TITLE V ☐ DELETE

NAME PITTS, GERALD  
STREET ADDRESS 10300 SW GREENBURG RD., #370  
CITY-ST-ZIP PORTLAND OR 97223

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE V ☐ DELETE

NAME WITTMAN, EDWARD  
STREET ADDRESS 10300 SW GREENBURG RD., #370  
CITY-ST-ZIP PORTLAND OR 97223

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 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 if changed, 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 #

CR2E034 (11/98)

0659831