

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F98000004809

1. Entity Name
FRED MEYER JEWELERS, INC.



Principal Place of Business
**3800 SE 22ND
PORTLAND, OR 97202**

Mailing Address
**PO BOX 42121
PORTLAND, OR 97242**

DO NOT WRITE IN THIS SPACE



02012006 No Chg-P CR2E034 (11/05)

4. FEI Number
68-0202947

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 MAYS STREET
TALLAHASSEE, FL 32301**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**000000495370
04/21/06-80008-003 150.00**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ENGEL, PETER M
3800 SE 22ND AVE
PORTLAND, OR 97202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GACK, BRUCE
1014 VINE ST
CINCINNATI, OH 45202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VS
HELDMAN, PAUL W
1014 VINE STREET
CINCINNATI, OH 45202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VCFO
DEATHERAGE, DAVID W
3800 SE 22ND
PORTLAND, OR 97202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VT
HENDERSON, SCOTT M
1014 VINE STREET
CINCINNATI, OH 45202**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VAT
AALBERG, JAMES C
3800 SE 22ND
PORTLAND, OR 97202**

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 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

David W. Deatherage

03/31/2006

503/797-7134

Date

Daytime Phone #