

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 23, 2007 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**



01302007 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, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	ENGEL, PETER M
STREET ADDRESS	3800 SE 22ND AVE
CITY-ST-ZIP	PORTLAND, OR 97202
TITLE	D
NAME	GACK, BRUCE
STREET ADDRESS	1014 VINE ST
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VS
NAME	HELDMAN, PAUL W
STREET ADDRESS	1014 VINE STREET
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VCFO
NAME	DEATHERAGE, DAVID W
STREET ADDRESS	3800 SE 22ND
CITY-ST-ZIP	PORTLAND, OR 97202
TITLE	VT
NAME	HENDERSON, SCOTT M
STREET ADDRESS	1014 VINE STREET
CITY-ST-ZIP	CINCINNATI, OH 45202
TITLE	VAT
NAME	AALBERG, JAMES C
STREET ADDRESS	3800 SE 22ND
CITY-ST-ZIP	PORTLAND, OR 97202

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05/04/07-80032-017 150.00

**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:**

*David W. Deatherage*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**David W. Deatherage**

**04/18/2007**

Date

**503/797-7134**

Daytime Phone #