

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001370

1. Entity Name

WILSHIRE CREDIT CORPORATION

Principal Place of Business

1776 SW MADISON STREET
PORTLAND OR 97205

Mailing Address

1776 SW MADISON STREET
PORTLAND OR 97205-1715

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301-2525

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

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)

☒ XX

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

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\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	MEDELSON, LAWRENCE A	
STREET ADDRESS	1776 SW MADISON STREET	
CITY-ST-ZIP	PORTLAND OR	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WIEDERHORN, ANDREW A	
STREET ADDRESS	1776 SW MADISON STREET	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	TASSOS, CHRIS	
STREET ADDRESS	1776 SW MADISON STREET	
CITY-ST-ZIP	PORTLAND OR	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	Jay Memmott		
STREET ADDRESS	1776 SW Madison		
CITY-ST-ZIP	Portland, OR 97205		
TITLE	Secretary and SVP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	Laurie Magee		
STREET ADDRESS	1776 SW Madison		
CITY-ST-ZIP	Portland, OR 97205		
TITLE	Chief Financial Officer & SVP	<input type="checkbox"/> Change	<input type="checkbox"/>
NAME	Bruce Weinstein		
STREET ADDRESS	1776 SW Madison		
CITY-ST-ZIP	Portland, OR 97205		
TITLE	Director & CEO	<input checked="" type="checkbox"/> Change	<input type="checkbox"/>
NAME	Phillip D. Vincent		
STREET ADDRESS	1776 SW Madison		
CITY-ST-ZIP	Portland, OR 97205		
TITLE	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	Russell Campbell		
STREET ADDRESS	1776 SW Madison		
CITY-ST-ZIP	Portland, OR 97205		
TITLE	SVP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/>
NAME	William Berg		
STREET ADDRESS	1776 SW Madison		
CITY-ST-ZIP	Portland, OR 97205		

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 another like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Memmott

1/12/00

503-223-5600

Date

Daytime Phone #

FILED
Jan 25, 2000 8:00 am
Secretary of State

01-25-2000 90055 048 ***150.00

00008793



DO NOT WRITE IN THIS SPACE

4. FEI Number

93-1261891

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional Fee Required

7. Name and Address of New Registered Agent