


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2005 8:00 am**  
**Secretary of State**

03-08-2005 90175 046 \*\*\*150.00

<b>DOCUMENT # F99000001370</b>	
1. Entity Name <b>WILSHIRE CREDIT CORPORATION</b>	

Principal Place of Business <b>14523 SW MILLIKAN WAY SUITE 200 BEAVERTON OR 97005</b>	Mailing Address <b>14523 SW MILLIKAN WAY SUITE 200 BEAVERTON OR 97005</b>
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>PO Box 8517</b> Suite, Apt. #, etc.	
City & State		City & State <b>Portland, OR</b>	
Zip	Country	Zip <b>97207-8517</b>	Country <b>Multnomah</b>



1st MOORE CR2E034 (10/04)

4. FEI Number <b>93-1261891</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCE MEMMOTT, JAY 14523 SW MILLIKAN WAY, STE 200 BEAVERTON OR 97005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPS PETERMAN, MARK 14523 SW MILLIKAN WAY, STE 200 BEAVERTON OR 97005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director and Secretary</b> <b>Mark Peterman</b> <b>14523 SW Millikan Way, Ste 200</b> <b>Beaverton, OR 97005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GLENNON, STEPHEN P 14523 SW MILLIKAN WAY, STE 200 BEAVERTON OR 97005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLENNON, STEPHEN 14523 SW MILLIKAN WAY, STE 200 BEAVERTON OR 97005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bradley Newman</b> <b>14523 SW Millikan Way, Ste 200</b> <b>Beaverton, OR 97005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP CAMPBELL, RUSSELL 14523 SW MILLIKAN WAY, STE 200 BEAVERTON OR 97005 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Russell Campbell</b> <b>14523 SW Millikan Way, Ste 200</b> <b>Beaverton, OR 97005</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP BERG, WILLIAM 14523 SW MILLIKAN WAY, STE 200 BEAVERTON OR 97005 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Senior Vice President</b> <b>Ken Frye</b> <b>14523 SW Millikan Way, Ste 200</b> <b>Beaverton, OR 97005</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 reports 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.

<b>SIGNATURE:</b> 	<b>Jay Memmott</b>	<b>2/14/05</b>	<b>503-223-5600</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #