

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F99000001370

FILED
Jul 27, 2006
Secretary of State

Entity Name: WILSHIRE CREDIT CORPORATION

Current Principal Place of Business:

14523 SW MILLIKAN WAY
SUITE 200
BEAVERTON, OR 97005

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8517
PORTLAND, OR 972078517

New Mailing Address:

P.O. BOX 8517
ATTN: PATTY WHITE
PORTLAND, OR 972078517

FEI Number: 93-1261891

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPCE () Delete
Name: MEMMOTT, JAY
Address: 14523 SW MILLIKAN WAY, STE 200
City-St-Zip: BEAVERTON, OR 97005

Title: DS () Delete
Name: PETERMAN, MARK
Address: 14523 SW MILLIKAN WAY, STE 200
City-St-Zip: BEAVERTON, OR 97005

Title: D () Delete
Name: NEWMAN, BRADLEY
Address: 14523 SW MILLIKAN WAY, STE 200
City-St-Zip: BEAVERTON, OR 97005

Title: CFO () Delete
Name: CAMPBELL, RUSSELL
Address: 14523 SW MILLIKAN WAY, STE 200
City-St-Zip: BEAVERTON, OR 97005

Title: SVP () Delete
Name: FRYE, KEN
Address: 14523 SW MILLIKAN WAY, STE 200
City-St-Zip: BEAVERTON, OR 97005

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN FRYE

SVP

07/27/2006

Electronic Signature of Signing Officer or Director

_____ Date