

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90053 043 ***150.00

DOCUMENT # F99000001370

1. Entity Name
WILSHIRE CREDIT CORPORATION



Principal Place of Business
**14523 SW MILLIKAN WAY
SUITE 200
BEAVERTON OR 97005**

Mailing Address
**14523 SW MILLIKAN WAY
SUITE 200
BEAVERTON OR 97005**

90006857



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **93-1261891**

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New 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. 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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DPCE
MEMMOTT, JAY
1776 SW MADISON STREET
PORTLAND OR 97205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14523 SW Millikan Way, Suite 200
Beaverton, OR 97005** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPS
PETERMAN, MARK Z
1776 SW MADISON STREET
PORTLAND OR 97205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14523 SW Millikan Way, Suite 200
Beaverton, OR 97005** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPC
WEINSTIEN, BRUCE
1776 SW MADISON STREET
PORTLAND OR 97205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14523 SW Millikan Way, Suite 200
Beaverton, OR 97005** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
GLENNON, STEPHEN
1776 SW MADISON
PORTLAND OR 97205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14523 SW Millikan Way, Suite 200
Beaverton, OR 97005** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPC
CAMPBELL, RUSSELL
1776 SW MADISON
PORTLAND OR 97205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14523 SW Millikan Way, Suite 200
Beaverton, OR 97005** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SVPC
BERG, WILLIAM
1776 SW MADISON
PORTLAND OR 97205** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**14523 SW Millikan Way, Suite 200
Beaverton, OR 97005** ☒ Change ☐ 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 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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jay Memmott

1/8/03

Date

503-223-5600

Daytime Phone #

CR2E034 (10/02)