

AMENDED

07-16-2002 90349 003 \*\*\*61.25  
FILED 99000003729

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

02 JUL 19 AM 9:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # F99000003729

1. Entity Name

TRM ATM CORPORATION

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

5208 NE 122<sup>ND</sup> AVENUE  
Suite, Apt. #, etc.

3. Mailing Address

5208 NE 122<sup>ND</sup> AVENUE  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

PORTLAND, OR

Zip  
97230

Country

USA

City & State

PORTLAND, OR

Zip  
97230

Country

USA

4. FEI Number

93-1263309

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name

CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable)

1200 SOUTH PINE ISLAND ROAD

City  
PLANTATION

FL

Zip Code  
33324

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) ☐

January 1 - May 1 Fee is \$150.00  
After May 1, Fee is \$550.00  
Amended UBR is \$81.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

**OFFICERS AND DIRECTORS**

TITLE  
NAME  
P/S/D  
KEUNETH L. TEPPER  
STREET ADDRESS  
5208 NE 122<sup>ND</sup> AVENUE  
CITY- ST- ZIP  
PORTLAND, OR 97230

TITLE  
NAME  
ASST. SEC.  
REBECCA J. DEMY  
STREET ADDRESS  
5208 NE 122<sup>ND</sup> AVENUE  
CITY- ST- ZIP  
PORTLAND, OR 97230

TITLE  
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CITY- ST- ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*Rebecca J. Demy*

REBECCA J. DEMY

7/3/02

(503) 257-8766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034B (12/01)