

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

**FILED**  
**Jul 02, 2002 8:00 am**  
**Secretary of State**

07-02-2002 90810 007 \*\*\*550.00

**DOCUMENT #** *M 65822*

**1. Entity Name**

PSC Automation

**DO NOT WRITE IN THIS SPACE**

**B0126644**

<b>2. Principal Place of Business</b> 111 SW Fifth Ave Suite, Apt. #, etc. Suite 4100 City & State Portland, OR Zip 97204-3644		<b>3. Mailing Address</b> 111 SW Fifth Ave Suite, Apt. #, etc. Suite 4100 City & State Portland, OR Zip 97204-3644	
Country USA		Country USA	

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE  
IN THIS SPACE**

<b>7. Name and Address of Current Registered Agent</b>	
Name CT Corporation System	
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Road	
City Plantation	Zip Code FL 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 \$61.25**  
**Make Check Payable to Department of State**

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

**11. OFFICERS AND DIRECTORS**

<b>TITLE</b> PD <b>NAME</b> Edward Borey <b>STREET ADDRESS</b> 111 SW Fifth Ave, Ste 4100 <b>CITY - ST - ZIP</b> Portland, OR 97204	<b>TITLE</b> VT <b>NAME</b> Paul Brown <b>STREET ADDRESS</b> 111 SW Fifth Ave, Ste 4100 <b>CITY - ST - ZIP</b> Portland, OR 9720
<b>TITLE</b> SD <b>NAME</b> Marcy Edwards <b>STREET ADDRESS</b> 111 SW Fifth Ave, Ste 4100 <b>CITY - ST - ZIP</b> Portland, OR 9720	<b>TITLE</b> V <b>NAME</b> David Sullivan <b>STREET ADDRESS</b> 111 SW Fifth Ave, Ste 4100 <b>CITY - ST - ZIP</b> Portland, OR 9720
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY - ST - ZIP</b>

**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 as an attachment with an address, with all other like empowered.**

**SIGNATURE:** *Paul M. Brown*

*PAUL M. BROWN*

*6/24/02*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

OR2E034B (12/01)