

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M98000000609

FILED
Jan 05, 2011
Secretary of State

Entity Name: MANAGEMENT COMPENSATION GROUP, NORTHWEST, LLC

Current Principal Place of Business:

M FINANCIAL PLAZA
1125 NW COUCH STREET STE 900
PORTLAND, OR 97209

New Principal Place of Business:

Current Mailing Address:

M FINANCIAL PLAZA
1125 NW COUCH STREET STE 900
PORTLAND, OR 97209

New Mailing Address:

FEI Number: 93-1243377

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: FRIEDMAN, DONALD H
Address: 1125 NW COUCH ST. STE 900
City-St-Zip: PORTLAND, OR 97209

Title: MGR
Name: PALMIERI, VICTOR
Address: 2029 CENTURY DRIVE EAST 37TH FLOOR
City-St-Zip: LOS ANGELES, CA 90067

Title: MGR
Name: SHEPARD, STEPHEN L
Address: 1125 NW COUCH ST. STE 900
City-St-Zip: PORTLAND, OR 97209

Title: MGR
Name: JONSKE, FRED H
Address: 1125 NW COUCH ST. STE 900
City-St-Zip: PORTLAND, OR 97209

Title: MGR
Name: O'CONNOR, RANDALL M
Address: 1125 NW COUCH ST. STE 900
City-St-Zip: PORTLAND, OR 97209

Title: MGR
Name: DOWNEY, DAVID
Address: 505 DEVONSHIRE DRIVE
City-St-Zip: CHAMPAIGN, IL 61820

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: DONALD H FRIEDMAN

MGR

01/05/2011

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date