2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# N20455

Entity Name: THE NORTHWEST LEAGUE OF PROFESSIONAL BASEBALL CLUBS, INC.

Current Principal Place of Business:

910 W MAIN ST
STE 351
BOISE, ID 83702 US

New Principal Place of Business:

620 W. FRANKLIN ST.
BOISE, ID 83702 US

Current Mailing Address:

P O BOX 1645
BOISE, ID 83701 US

New Mailing Address:

FEI Number: 93-0453470 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PARKS, JOHN PAUL
% WENDEL, CHRITTON & PARKS, CHARTERED
5300 SOUTH FLORIDA AVENUE
LAKELAND, FL 33813 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

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: LEIBMAN, NEIL
Address: 5600 N GLENWOOD ST
City-St-Zip: BOISE, ID 83714

Title: D ( ) Delete
Name: WALKER, JERRY
Address: 6100 FICKLER DREAMS WAY NE
City-St-Zip: KEIZER, OR 97307\

Title: D ( ) Delete
Name: CARFAGNA, PETER
Address: 3802 BROADWAY
City-St-Zip: EVERETT, WA 98201

Title: DV ( ) Delete
Name: BEBAN, ROBERT,
Address: 2077 WILLAMETTE
City-St-Zip: EUGENE, OR

Title: D ( ) Delete
Name: BRETT, BOBBY,
Address: 602 N. HAVANA
City-St-Zip: SPOKANE, WA

Title: D ( ) Delete
Name: JAKE, KERR
Address: 4601 ONTARIO ST
City-St-Zip: VANCOUVER, BC V5V3H4

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change ( ) Addition
Name: WALKER, JERRY
Address: 6100 FICKLER DREAMS WAY NE
City-St-Zip: KEIZER, OR 97307

Title: D (X) Change ( ) Addition
Name: VOLPE, TOM
Address: 3802 BROADWAY
City-St-Zip: EVERETT, WA 98201

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOM VOLPE D 01/05/2009

Electronic Signature of Signing Officer or Director — Date