

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000028218

FILED
Apr 26, 2011
Secretary of State

Entity Name: SAH 2000 FUND I MM, INC.

Current Principal Place of Business:

6420 SW MACADAM AVENUE
SUITE 100
PORTLAND, OR 97239

New Principal Place of Business:

Current Mailing Address:

6420 SW MACADAM AVENUE
SUITE 100
PORTLAND, OR 97239

New Mailing Address:

FEI Number: 65-1001889 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S. 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

OFFICERS AND DIRECTORS:

Title: CEO
Name: EMERY, RODNEY F
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: P
Name: WINNING, R. KYLE
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: VP
Name: HILBERT, CHRISTOPHER
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: TD
Name: DAVAR, DINESH
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: SVPD
Name: DEL RIO, ANA MARIE
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

Title: VP
Name: TAKASUKA, RANDOLPH
Address: 6420 SW MACADAM AVE.,#100
City-St-Zip: PORTLAND, OR 97239

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DINESH DAVAR

_____ Electronic Signature of Signing Officer or Director

CFO

04/26/2011

_____ Date