

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P01000057174

1. Entity Name
SAH OAK GLEN LIMITED, INC.



Principal Place of Business
6420 SW MACADAM
100
PORTLAND, OR 97239

Mailing Address
6420 SW MACADAM
100
PORTLAND, OR 97239

FILED
Apr 25, 2008 08:00 AM
Secretary of State



04212008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1111011

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

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

U00000921222
05/14/08-80075-014 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DC
EMERY, RODNEY F
6420 SW MACADAM, #100
PORTLAND, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DT
DAVAR, DINESH
6420 SW MACADAM, #100
PORTLAND, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DS
DEL RIO, ANA MARIE
6420 SW MACADAM, #100
PORTLAND, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
WINNING, R. KYLE
6420 SW MACADAM, #100
PORTLAND, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V
HILBERT, CHRISTOPHER
6420 SW MACADAM, #100
PORTLAND, OR 97239

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

Dinesh Davar, CFO

April 21, 2008

949-852-0700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #