

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90030 021 ***150.00

DOCUMENT # P13079

1. Corporation Name

TRM COPY CENTERS (USA) CORPORATION

Principal Place of Business

5208 NE 122ND STREET
PORTLAND OR 97230
US

Mailing Address

5208 NE 122ND STREET
PORTLAND OR 97230
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/02/1987

4. FEI Number

93-0815647-

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE VCD ☒ DELETE
NAME CHAN, EDWIN S.
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR

TITLE CD ☐ DELETE
NAME PAULSELL, FREDERICK O
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR

TITLE S ☐ DELETE
NAME BROWN, PAUL M
STREET ADDRESS 5208 N.E. 122ND AVE
CITY-ST-ZIP PORTLAND OR 97230

TITLE T ☐ DELETE
NAME EVANS, ROSEMARY H.
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR

TITLE D ☒ DELETE
NAME COE, SHERMAN M.
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR 74

TITLE P ☐ DELETE
NAME STOCKTON, FREDERIC
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR 97230

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE VCD ☒ Change ☐ Addition
1.2 NAME FREDERICK O. PAULSELL
1.3 STREET ADDRESS 5208 NE 122ND AVE
1.4 CITY-ST-ZIP PORTLAND, OR

2.1 TITLE CD ☒ Change ☒ Addition
2.2 NAME EDWARD E. COHEN
2.3 STREET ADDRESS 5208 N.E. 122ND AVE
2.4 CITY-ST-ZIP PORTLAND OR

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME DANIEL G. COHEN
5.3 STREET ADDRESS 5208 N.E. 122ND AVE.
5.4 CITY-ST-ZIP PORTLAND, OR

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rosemary H. Evans
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-14-99
Date

(503)257-8766
Daytime Phone #

CR2E034 (11/98)

0559856