

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P13079

1. Entity Name
TRM COPY CENTERS (USA) CORPORATION

FILED
May 04, 2001 8:00 am
Secretary of State

05-04-2001 90161 044 ***150.00

Principal Place of Business
5208 NE 122ND STREET
PORTLAND OR 97230
US

Mailing Address
5208 NE 122ND STREET
PORTLAND OR 97230
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 93-0815647

Applied For

Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE VCD ☐ Delete
NAME PAULSELL, FREDRICK O
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR

TITLE D ☒ Change ☐ Addition
NAME PAULSELL, FREDERICK O
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND, OR 97230-1074

TITLE CD ☐ Delete
NAME COHEN, EDWARD E
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE V ☐ Change ☒ Addition
NAME DANIEL L. SPALDING
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND, OR 97230-1074

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME COHEN, DANIEL G
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND OR

TITLE DS ☒ Change ☐ Addition
NAME COHEN, DANIEL G
STREET ADDRESS 5208 NE 122ND AVE
CITY-ST-ZIP PORTLAND, OR 97230-1074

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. 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 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Daniel L. Spalding
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL L. SPALDING

23 APR 01

Date

503.257-8766

Daytime Phone #

CR2E034 (10/00)