

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90131 026 ***150.00

0671371 AB

DOCUMENT # P13079

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

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

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PAULSELL, FREDRICK O	
STREET ADDRESS	5208 NE 122ND AVE	
CITY-ST-ZIP	PORTLAND OR 97230-1074	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TEPPER, KENNETH L	
STREET ADDRESS	5208 NE 122ND AVE	
CITY-ST-ZIP	PORTLAND OR 97230	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	SPALDING, DANIEL L	
STREET ADDRESS	5208 N.E. 122ND AVE	
CITY-ST-ZIP	PORTLAND OR 97230	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	EVANS, ROSEMARY H.	
STREET ADDRESS	5208 NE 122ND AVE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	DS	<input type="checkbox"/> Delete
NAME	COHEN, DANIEL G	
STREET ADDRESS	5208 NE 122ND AVE	
CITY-ST-ZIP	PORTLAND OR 97230-1074	
TITLE	V	<input type="checkbox"/> Delete
NAME	TIERNEY, DANIAL J	
STREET ADDRESS	5208 NE 122ND AVE	
CITY-ST-ZIP	PORTLAND OR 97230	

TITLE	D/S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Harmon Spolan	
STREET ADDRESS	5208 NE 122nd Avenue	
CITY-ST-ZIP	Portland, OR 97230-1074	
TITLE	P/D/C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kenneth L. Tepper	
STREET ADDRESS	5208 NE 122nd Avenue	
CITY-ST-ZIP	Portland, OR 97230-1074	
TITLE	AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Rebecca J. Demy	
STREET ADDRESS	5208 NE 122nd Avenue	
CITY-ST-ZIP	Portland, OR 97230-1074	
TITLE	V/AS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Amy B. Krallman	
STREET ADDRESS	5208 NE 122nd Avenue	
CITY-ST-ZIP	Portland, OR 97230-1074	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Daniel G. Cohen	
STREET ADDRESS	5208 NE 122nd Avenue	
CITY-ST-ZIP	Portland, OR 97230-1074	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca J. Demy

Rebecca J. Demy

4-16-03

(503)257-8766

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)