

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90069 003 ***150.00

DOCUMENT # P17120

1. Entity Name

CASCADE DISABILITY MANAGEMENT, INC.

Principal Place of Business

**4601 NE 77TH AVE #250
P O BOX 2099
VANCOUVER WA 98668**

Mailing Address

**4601 NE 77TH AVE #250
P O BOX 2099
VANCOUVER WA 98668**

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

91-1358276

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



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, 2002 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 **AP** ☒ Delete
NAME **GRIFFITHS, DAVID B -**
STREET ADDRESS **4601 NE 77TH AVE #250**
CITY-ST-ZIP **VANCOUVER WA 98662**

TITLE **PRESIDENT** ☐ Change ☒ Addition
NAME **SCOTT MARSHALL**
STREET ADDRESS **4601 NE 77TH AVE, SUITE 250**
CITY-ST-ZIP **VANCOUVER, WA 98662**

TITLE **VPS** ☐ Delete
NAME **LEGG, DEXTER R**
STREET ADDRESS **175 BERKELEY ST**
CITY-ST-ZIP **BOSTON MA 02117**

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

TITLE **AT** ☐ Delete
NAME **WILLIAMS, ELLIOT J**
STREET ADDRESS **175 BERKELEY STREET**
CITY-ST-ZIP **BOSTON MA 02117**

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

TITLE **CEO** ☐ Delete
NAME **GREGG, GARY R**
STREET ADDRESS **175 BERKELEY STREET**
CITY-ST-ZIP **BOSTON MA 02117**

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

TITLE **D** ☒ Delete
NAME **DORMAN, LARRY - -**
STREET ADDRESS **175 BERKELEY STREET**
CITY-ST-ZIP **BOSTON MA 02117**

TITLE **DIRECTOR** ☐ Change ☒ Addition
NAME **PAUL RODLIFF**
STREET ADDRESS **175 BERKELEY ST**
CITY-ST-ZIP **BOSTON, MA 02117**

TITLE **D** ☐ Delete
NAME **KELLEHER, JAMES**
STREET ADDRESS **175 BERKELEY STREET**
CITY-ST-ZIP **BOSTON MA 02117**

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:

Scott Marshall

REQUIRED SCOTT MARSHALL

3/18/02

(360) 892-8855

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CFR2E034 (9/01)

0628890 AT