

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P23570

1. Entity Name  
PAULSON INVESTMENT COMPANY, INC.



Principal Place of Business  
811 SW NAITO PKWY.  
SUITE 200  
PORTLAND, OR 97204

Mailing Address  
811 SW NAITO PKWY.  
SUITE 200  
PORTLAND, OR 97204

FILED

04 APR -2 PH 1:19

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



03232004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
93-0789804

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

CT CORPORATION SYSTEM  
1200 S. 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

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, 2004 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	D
NAME	PAULSON, CHESTER L
STREET ADDRESS	811 S.W. NAITO PKWY. #200
CITY-ST-ZIP	PORTLAND, OR
TITLE	STD
NAME	PAULSON, JACQUELINE M.
STREET ADDRESS	811 SW NAITO PKWY. #200
CITY-ST-ZIP	PORTLAND, OR
TITLE	D
NAME	LAMEAR, KENNETH T.
STREET ADDRESS	811 SW NAITO PKWY. #200
CITY-ST-ZIP	PORTLAND, OR
TITLE	PD
NAME	DAVIS, GLEN
STREET ADDRESS	811 SW NAITO PKWY. #200
CITY-ST-ZIP	PORTLAND, OR
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

200031848252  
04/05/04--01077--002 \*\*150.00

**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/04  
Date

503 243-6000  
Daytime Phone #