FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 FEB -7 AM 6:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P26836** **(7)**

1. Corporation Name

MERIDIAN SENIOR LIVING, INC.

Principal Place of Business

305 NE 102 AVENUE
PORTLAND OR 97220

Mailing Address

305 NE 102 AVENUE
PORTLAND OR 97220

3. Date Incorporated or Qualified: **11/07/1989**

3a. Date of Last Report: **02/01/1995**

4. FEI Number: **93-0999647** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City, & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City, & State
28
Zip 29 Country 30

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 607.0302 and 607.150(6), 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 of New Registered Agent, if changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WILLIAMS, JAMES M.		1.2 NAME	800001710248
STREET ADDRESS	305 NE 102 AVE.		1.3 STREET ADDRESS	-02/08/96--01045--008
CITY-ST-ZIP	PORTLAND OR		1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SCHOEN, BRUCE A		2.2 NAME	
STREET ADDRESS	305 NE 102 AVE.		2.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	MCALLISTER, K. DAVID		3.2 NAME	
STREET ADDRESS	305 NE 102 AVE.		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR		3.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	RHEA, CRAIG J		4.2 NAME	
STREET ADDRESS	305 NE 102 AVE.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: K David McAllister 1-17-96 (305) 256-2070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #