FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

FILED
95 JUL 27 PM 1:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P27851 (5)

1. Corporation Name
BRIM HOMESTEAD, INC.

Principal Place of Business	Mailing Address
305 N.E. 102 AVENUE PORTLAND OR 97220	305 N.E. 102 AVENUE PORTLAND OR 97220

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/25/1990	3a. Date of Last Report: 03/21/1994
2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) County (25)	Zip (29) County (30)
4. FEI Number: 93-1007639	☐ 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	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324	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 607.0502 and 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstated)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PD ☑ Change ☐ Addition
NAME	RHEA, CRAIG J.	12 NAME	
STREET ADDRESS	305 N.E. 102 AVE.	13 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	MCALLISTER, K. DAVID	22 NAME	100001551161
STREET ADDRESS	305 N.E. 102 AVE.	23 STREET ADDRESS	-08/01/95--01100--012
CITY-ST-ZIP	PORTLAND OR	24 CITY-ST-ZIP	****225.00 ****225.00
TITLE	D	31 TITLE	☑ Change ☐ Addition
NAME	VANVALKENBUR, CRAIG	32 NAME	
STREET ADDRESS	305 N.E. 102 AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☐ Change ☑ Addition
NAME	BRIM, A.E.	42 NAME	
STREET ADDRESS	305 N.E. 102 AVE.	43 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☑ Change ☐ Addition
NAME	SCHULTZ, CLINTON	52 NAME	
STREET ADDRESS	305 NE 102 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	54 CITY-ST-ZIP	
TITLE	D	61 TITLE	☑ Change ☐ Addition
NAME	SJOBECK, GERRY	62 NAME	
STREET ADDRESS	305 NE 102 AVE	63 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	64 CITY-ST-ZIP	

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 this 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 K. David McAllister 7/12/95 (305) 234-0010
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0402113 FP

1201 HAYS STREET
TALLAHASSEE, FL 32301-2607
904-[illegible]0171
904-222-[illegible]

800-342-8086

P27851 (1)

CSC networks
PRENTICE HALL LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 649371 86901W

AUTHORIZATION :

COST LIMIT : $ PPD

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ORDER DATE : July 27, 1995

ORDER TIME : 10:22 AM

ORDER NO. : 649371

CUSTOMER NO: 86901W

CUSTOMER: Ms. Lauren S. Soliday
Prentice Hall Legal &
600 First Avenue
Suite 500
Seattle, WA 98104

File Second

ANNUAL REPORT FILING

NAME: BRIM HOMESTEAD, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrea C. Mabry

EXAMINER'S INITIALS: 7/27 JDG AR