FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am **DOCUMENT # P28736 Secretary of State** HOLIDAY RETIREMENT CORP. 01-31-2001 90044 014 ***150.00 Principal Place of Business Mailing Address P.O. BOX 14111 PO BOX 14111 ATTN: DELLANE COLSON SALEM OR 97309 C0013089 **SALEM OR 97309** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 93-0937196 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. しょうこ 古機能がある こうしゅ あんげん しょうしき 七〇 きま力を保留 しまだっかん 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE Delete TITLE ☐ Change COLSON, WILLIAM E. NAME NAME STREET ADDRESS STREET ADDRESS 2250 MCGILCHRIST ST. SE CITY-ST-ZIP SALEM_OR CITY - ST - ZIP Director Change TITLE Delete TITLE Barton G. Colson COLSON, BARTON NAME NAME 2250 mcbilchrist St. SE STREET ADDRESS STREET ADDRESS 2250 MCGILCHRIST ST. SE CITY-ST-ZIP CITY-ST-ZIP Salem, OR 97302 SALEM OR ☐ Change ■ Addition TITLE ☐ Delete TITLE **BRUCE D THORN** NAME NAME 2250 MCGILCHRIST ST. SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **SALEM OR 97302** Addition Delete ☐ Change TITLE TITLE HUDDART, JAMES L. NAME NAME STREET ADDRESS 3276 COMMERCIALM ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SALEM OR ☐ Change ☐ Addition TITLE ☐ Delete TITLE BATY, DANIEL R. NAME NAME STREET ADDRESS 2105 N. 30TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TACOMA WA viu prosident / Director TITLE TITLE ☐ Defete Sami T. Akrawi 1343 Christic Ave., #2207 NAME . NAME STREET ADDRESS STREET ADDRESS

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 any address, with all other like/empowered.

SIGNATURE:

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

William E. Colson 1/23/01

x7209

Daytime Phone #

R2E034 (10/0

attachment 20013089 4128734

HOLIDAY RETIREMENT CORP. Document # P28736

Additional Directors

Norman L. Brenden 2250 McGilchrist St. SE, Salem, OR 97302
May S. Hasso 1 Napoli, Newport Beach, CA 92660
James D. Stringer 2250 McGilchrist St. SE, Salem, OR 97302
Thilo D. Best 2250 McGilchrist St. SE, Salem, OR 97302

Christine Wiegal 2250 McGilchrist St. SE, Salem, OR 97302
Patrick F. Kennedy 2025 1st Avenue, Suite 890, Seattle, WA 98121